REMARKS

ON THE

OPHTHALMY, &c.

Price Two Shillings and Sixpence.

REMARKS

ON THE

OPTHALMY, &c.

Price Two Shillings and Sixpence.

Gal 7 Je

REMARKS

ON THE

OPHTHALMY,

PSOROPHTHALMY,

AND

PURULENT EYE.

WITH

METHODS of CURE, considerably different from those commonly used; and CASES annexed, in Proof of their Utility.

K

By JAMES WARE, SURGEON.

Oculorum affectus tam varii sunt atque multiplices, ut difficillimum sit, eos perspicuè ac dilucidè enarrare, ab invicemque distinguere.

RIVERIUS.

LONDON:

Printed for CHARLES DILLY, in the Poultry.

M.DCC.LXXX.

8

REMARKS

ON THE

OPHTHALMY,

PSOROPHTHALMY,

AND

PURULENT EYE.

By JAMES WARE, Surgeon.

LONDON:

Printed for CHARLES DILLY, in the Poultry.

PREFACE.

THE Author of the following ſheets, for ſome years, has been connected, in the practice of his profeſſion, with Mr. Wathen; to whom he is intirely indebted for whatever may be thought an improvement, in thoſe branches of ſurgery which are here conſidered: and it is with the full conſent and approbation of that gentleman, that theſe remarks are ſubmitted to the judgment of the public.

The majority of the caſes came under the Author's own inſpection

tion, and were committed chiefly to his management; as will appear by the form of the narrative. With them might have been united a very conſiderable number of others; but thoſe, which are inſerted, were thought, by Mr. Wathen, to be fully ſufficient.

After all that can be ſaid, or written on the ſubject; ſo great is the variety in the appearance of thoſe diſorders, and the ſymptoms attending them, that ample ſcope will ſtill be left for exerciſing the judgment, with regard to the neceſſary variations in applying the remedies propoſed: though it is hoped, this alſo will be rendered

dered leſs difficult, by what will be found in the deſcriptions given of the different nature and treatment of the caſes annexed.

Walbrook,
Feb. 2, 1780.

R E-

ERRATA.

Page 10. l. 16. *for* becomes, *read* become
28. 1. *dele* and greater
108. 5. *for* inverted, *read* everted
110. 24. *for* Sniderian, *read* Schniderian
111. 7. *for* mucous, *read* mucus

REMARKS, &c.

INTRODUCTION.

AMONG the various diſorders to which the human body is liable, inflammation ſeems to be one of the moſt conſiderable; as is apparent from obſerving the immediate and direct influence which it has, in preventing or obſtructing the neceſſary action of the parts affected by it: and in no caſe is this more evident than in the Ophthalmy, or Inflammation of the eyes; which, in every degree of it, is found, in ſome meaſure, to impair the ſight; and, in not a few inſtances, has riſen to ſuch a height, as entirely to deſtroy it.

My deſign in the following pages is—firſt, to lay before the reader ſome obſervations on this complaint—then to treat

of a diſorder, which more directly affects the eye-lids, and which I have diſtinguiſhed by the name of the Pſorophthalmy —and afterwards to add a few remarks on the Purulent eye, to which new-born children are peculiarly ſubject.

To enable us to judge more clearly of theſe diſorders, it is neceſſary to underſtand ſomething of the ſtructure of the eye and its appendages: a brief account of which is therefore prefixed, referring the reader, for a fuller and more particular deſcription, to thoſe anatomical authors, who have profeſſedly treated on this ſubject.

A brief

A brief Deſcription of the Eye, and its Appendages.

THE globe of the eye is compoſed of three tranſparent humours, which, from their ſuppoſed reſemblances, bear the ſeveral denominations of the aqueous, the chryſtalline and the vitreous.

Theſe humours are contained in three proper coats, or tunics, called the Sclerotica, the Choroides, and the Retina; beſides which, there is another, common to the globe and eyelids, called the Conjunctiva.

Of the proper coats, the Tunica Sclerotica is the outermoſt. This, in the poſterior and far greater part of its circumference, is white and opaque; but, in the anterior, is tranſparent, and takes the name of Cornea.

The Tunica Choroides is ſituated on the inſide of the Sclerotica, between it

and the Retina. It is ſtrongly attached to the Sclerotica, round the margin, where the Cornea begins; whence it paſſes on, and becomes viſible through the tranſparency of that coat. This part of the Choroides is called Iris, being of various colours in different perſons; and in its center, is a round perforation, to admit the rays of light, called the pupil.

The Sclerotica and Choroides are well ſupplied with blood veſſels; particularly the laſt: the ramifications of which, when well injected, appear to be wonderfully convoluted.

The Retina, or internal coat, appears to be an expanſion of the medullary part of the Optic nerve, being a white, thin membrane, of a very ſoft and tender texture. It lies immediately behind the vitreous humour, round which it is continued to the borders of the chryſtalline, and is generally believed to be the immediate ſeat of the ſenſe of viſion.

The globe of the eye reſts in the orbit, upon a large body of adipoſe membrane; and is moved in different directions, by four ſtraight, and two oblique muſcles. Five of theſe take their origin from the bottom of the orbit, the inferior oblique alone ariſing from its edge: and they are all continued forward, to be inſerted by a tendinous expanſion into the anterior part of the Tunica Sclerotica; which expanſion, having a white colour, has acquired the name of Tunica Albuginea.

The Tunica Conjunctiva is a thin tranſparent membrane, which lines the inner ſurface of the eyelids, and, at the edge of the orbit, has a fold, and is continued forward, over the anterior half of the globe of the eye. It is exterior to all the other coats of the eye, and connected with the Tunica Albuginea, by means of a cellular ſubſtance; from which it may eaſily be ſeparated, in the dead ſubject, by diſſection. Though, in a ſound ſtate, it contains only the ſerous part of the blood, it is, notwithſtanding, extremely vaſcular; as is

proved by injections, and alſo by the inflammations to which it is liable. According to Winſlow, it is perforated by innumerable and almoſt imperceptible pores.

The veſtular ſtate of this coat appears to be much greater, in that part which lines the inſide of the eyelids, than in that which covers the eye; and its continuance, from the eyelids to the eyes, is of great uſe to prevent the ill conſequences which might otherwiſe enſue from the inſinuation of extraneous bodies between them.

The tears are ſecreted by a conglomerate gland, called Glandula Lachrymalis, which is ſituated in a ſmall depreſſion of the orbital proceſs of the Os Frontis, near the outer angle of the orbit; from which they are poured out by ſmall ducts, and continually ſpread over the ſurface of the eye, to keep it clear and tranſparent. They paſs from the eye, through two minute orifices, at the inner angle, called the Puncta Lachrymalia, which open into a

ſmall

ſmall bag, called Sacculus Lachrymalis; and this bag is continued thence, through a bony channel, and opens immediately into the noſe.

The little red body, obſervable at the great or inner angle of the eye, is called Caruncula Lachrymalis. It was thought to be the ſecretory organ of the tears, until a more accurate diſſection diſcovered the true gland at the oppoſite angle. Some have ſince ſuppoſed, that it ſecretes an oily humour, like that iſſuing from the ſmall glands on the inſide of the eyelids; but, in fact, we ſeem to have acquired no certain knowledge either as to its ſtructure or uſe. It may be ſaid to direct the tears into the Puncta Lachrymalia; and, in that office, is much aſſiſted by a reduplication of the Tunica Conjunctiva, which has been called Valvula Semilunaris. This valve is to be ſeen plaineſt, when the eye is turned toward the noſe. It is ſituated cloſe to the Caruncle; and is ſhaped like a creſcent, with its points inclined to the Puncta Lacrymalia.

The ſituation and figure of the eyelids are too obvious to need deſcription. They hang like veils or curtains before the eyes; and are furniſhed with muſcles, capable of very quick motion, to defend the eyes from thoſe injuries, to which their ſituation might expoſe them. The ſtructure of the eyelids is of the Reticular kind; and they are very eaſily diſtended by accident or diſeaſe.

The edge of each of the lids is principally formed by a thin cartilage, called Tarſus; which is adapted to the ſhape and roundneſs of the eye. The lower edge of the ſuperior cartilage, and upper edge of the inferior, meet each other, and are termed the ciliary edges.

It deſerves notice, that theſe cartilages do not terminate in a line, like the ſharp edge of a knife; but rather flat, like the back of it; forming two edges, one external, and the other internal. When the eyes are ſhut, the external edges meet: but the internal are preſerved at a ſmall diſtance from each other; leaving a gutter

or groove, through which the tears are ſuppoſed to paſs from the Lachrymal gland to the Puncta Lachrymalia, while we are aſleep.

It ſhould alſo be remembered, that the Cilia, or eye-laſhes, ariſe out of the external edge of the termination of this cartilage; and on the internal, at an evident diſtance from them, is a line of ſmall orifices, which are the excretory ducts of ſmall glands that lie on the inner ſurface of the Tarſus, and are called Glandulæ Ciliares, vel Meibomii. The uſe of theſe glands is to ſecrete a ſebaceous matter, ſimilar to ſoft wax, which conſtantly covers the edges of the lids, and keeps them ſupple.

The above ſhort account of the eye, and its appendages, ſeems to contain all that is neceſſary to a right underſtanding of the following remarks.

Of the Ophthalmy.

THE term Ophthalmy is generally uſed to expreſs an inflammation of that part of the Tunica Conjunctiva, which covers the globe of the eye.

It has before been obſerved, that the Tunica Conjunctiva is a tranſparent membrane, and receives its white colour, in a ſtate of health, from the Tunica Albuginea, which lies immediately behind it: but, notwithſtanding this tranſparency, it is proved to be vaſcular by the inflammations which ſometimes attend it; during the continuance of which, thoſe veſſels, which naturally admit only the finer lymphatic parts of the blood, are enlarged, and becomes viſible, by the intruſion of the red particles.

The Ophthalmy is found in very different degrees. It ſometimes occupies only a part of the globe of the eye; but, in common, it extends itſelf over the whole.

It

It may be ſuperficial, affecting the Conjunctiva only; or ſo deep as to reach the Sclerotica and internal coats. In general, the Conjunctiva does not appear to be much thickened: but ſometimes its membranous appearance is entirely deſtroyed, and its projection cauſes the Cornea to appear depreſſed and ſunk in the globe. When the Ophthalmy is in this ſtate, it is, for the moſt part, accompanied with violent pain; and is deſcribed in many books under the name of Chemoſis.

The pain, however, is not always in proportion to the appearance of the Ophthalmy. In many caſes, where the inflammation ſeems to be of the lighteſt kind, the agony is almoſt inſupportable; eſpecially when the eye is expoſed to the light: and in ſome others, where the inflammation appears to be moſt violent, the uneaſineſs is ſo trifling as ſcarce to be mentioned, though the eye be conſtantly open and uncovered.

Whatever the degree of inflammation may be, it will, in general, be found that

light is offenſive to the eye, and in order to avoid the pain which it occaſions, perſons who labour under this complaint, are frequently obſerved to keep their eyelids ſhut.

For greater ſecurity in this reſpect, as well as to prevent the motion of the eye, ſome have practiſed the injurious method of binding compreſſes, or plaiſters, tight over the eyes, which, by confining the tears, add to the irritation; and, by their preſſure, increaſe the obſtruction in the minute veſſels on which they act. Inſtead of this, I would recommend the uſe of a paſteboard hood, or bonnet, to be worn at a greater or leſs diſtance from the eyes, as the particular caſe may require; and, if this is inſufficient to prevent their being hurt by the light, the patient muſt ſubmit to the confinement of a room, where little or none enters.

But it muſt not be ſuppoſed that the acceſs of light is the only cauſe of pain. Inſtances are common, in which, though the light is excluded, the ſufferings of the

patient are continual and exceſſive, from acute pains, which dart through the eye to the back part of the head. This may be the effect of a leſs, as well as greater, degree of inflammation; and ſuch ſenſations always indicate much danger of the loſs of ſight.

In ſome caſes, the patients conſtantly imagine that they ſee black ſpecks, or points, move before the pupil; which ſymptom is often obſerved to come on after the more violent ones are abated. Like the former, it is a frequent forerunner of the Gutta Serena; and is generally accompanied with ſuch a fixed ſtate of the Iris, as renders it incapable of contracting or dilating.

During the continuance of the inflammation, ſmall ulcers are often formed upon the Cornea; which, being firſt cauſed by it, ſerve afterwards to increaſe it, and render the cure more difficult. Theſe ulcers generally heal in a depreſſion, which is a great impediment to the ſight; cauſ-

ing

ing objects to appear as if they were ſeen through crinkled glaſs.

Small abſceſſes are alſo ſometimes formed between the lamina of the Cornea; which, inſtead of diſcharging their contents, harden into white opaque ſpecks, and, according to their ſize, either partially or totally, prevent the entrance of the light. If the ſpecks are ſuperficial, they may wear off in a courſe of time; but if they penetrate through the whole thickneſs of the Cornea, they do not ſeem to admit of any remedy.

The cauſes that produce the Ophthalmy are various.

It frequently comes on in the moſt ſudden and unexpected manner, without any preceding or concomitant illneſs. When it happens in this way, the common people call it a blaſt in the eyes: and it ſeems to proceed from ſome peculiar property in the air which ſurrounds us. Like other epidemical diſeaſes, it often affects a whole neighbourhood at the ſame time; as was the caſe during the ſummer 1778,

at

at Newbury in Berkſhire, and in ſeveral of the camps, where it was known by the name of the Ocular Diſeaſe.

Blows on the eye, according to the force with which they are given, may bring on very different degrees of inflammation. If ſlight, the effects are moſt commonly of ſhort duration; but if violent, a confuſion in the coats and humours often takes place, and, in conſequence of it, a blindneſs which appears to be incurable.

Wounds and punctures are attended with conſequences equally pernicious. When they are made with ſwords, knives, or inſtruments of a form ſimilar to them, they generally glide in between the globe and orbit, pierce the Conjunctiva, wound the cellular membrane that ſuſtains the eye, and, if continued onward, penetrate into the brain itſelf; producing the moſt dreadful head-achs, inflammations, abſceſſes, and ſometimes immediate death: but if the miſchief is done with needles, pins, or ſharp-pointed inſtruments like them,

them, they are more apt to pierce the globe, and are attended with the total and immediate loſs of ſight.

Foreign bodies entangled in the eye are another common cauſe of inflammation. Theſe, during their continuance, cauſe great pain, and an inability to move the lids. They alſo excite an increaſed ſecretion of tears; the flow of which is, in general, ſufficient to remove them: but if it fails, the lids muſt be held open by the finger, and the patient deſired to look towards the ſide oppoſite to that wherein the extraneous ſubſtance lies; when, if ſmall, it may be wiped off with wet lint on the point of a probe. If there is reaſon to ſuppoſe that more particles than one are in the eye, it may be neceſſary to ſend a ſtream of warm water over it by means of a ſyringe; or to fix an eye-cup on the lids, filled with that, or ſome other mild liquor. The cup being ſhaped exactly to the part, will permit the lids to be opened or ſhut at pleaſure, whilſt the eye is immerſed in the fluid which the cup contains.

If

If the adheſion of the extraneous body to the Cornea is ſo ſtrong, as to reſiſt theſe attempts to remove it; authors recommend that it be carefully ſeparated with the point of a lancet. But previous to this, it is adviſeable to make uſe of a thin blunt-pointed ſcoop, ſomething larger than a common probe; which has this advantage over the lancet, that it will not wound the Cornea, and conſequently will leave no ſcar that might be afterwards an impediment to the ſight.

I have met with a few inſtances, in which, ſmall pieces of iron, having accidentally fallen into the eye, continued there for ſeveral days; after which, a ſuppuration has taken place round them, which has ſeparated their attachment, and they have dropped out of their own accord. But, in general, it muſt be very unſafe to truſt to the operation of nature in ſuch caſes; for the continuance of theſe, or of any ſubſtances, in the eye, even for a ſhort time, is likely to bring on in-

inflammations of the moſt violent and injurious nature.

The ſmall-pox and meaſles are two other frequent cauſes of the Ophthalmy. In the former, the face often ſwells, the eyes redden, and the eyelids are cloſed for a conſiderable time, by the glutinous matter which lodges on their edges. At the ſame time, a thick humour collects between the lids and the globe, which irritates, inflames, and ſometimes ulcerates the Cornea. In the meaſles, the eyes are always affected; and the tears, which flow in an increaſed quantity, feel remarkably hot, and painful to the patient: but, in both theſe diſorders, the more frefrequent and laſting miſchief is done to the eyelids, as will be particularly remarked in the next ſection.

The inflammation of the eyes may alſo be juſtly eſteemed one, among the variety of bad effects which reſult from a ſcrophulous habit; being frequently found in company with enlargements of the ſubmaxillary glands, thickneſs of the lips, and

and other certain ſymptoms of that diſorder; but theſe kinds of Ophthalmy, like thoſe laſt mentioned, are, in general, preceded by, and attended with, a diſeaſe of the eyelids, which is properly glandular, and will be the ſubject of a ſeparate chapter.

The venereal diſeaſe is produced by ſo active a poiſon, that when it has once entered the habit, no part can be ſaid to be exempt from its malignant influence. I have ſeveral times ſeen the eyes inflamed from this cauſe; and when it happened, the caſes were incurable, until mercury, the only ſpecific for the diſeaſe, was properly introduced. Monſieur St. Yves obſerves, that the Ophthalmy very rarely proceeds from a venereal taint; but ſays, that he has met with ſeveral caſes, in which it was plainly owing to this cauſe: he then adds the following remarkable account; "That, in moſt of the caſes, the "diſeaſe in the eyes appeared two days "after the beginning of a virulent Go-"norrhœa. The matter, being ſuppreſſed

"from the Penis, ſeemed to paſs through "the eyes, ſtaining the linen in a ſimilar "manner." This account is the more ſurprizing, becauſe ſuch an effect, as is here deſcribed, has never been obſerved by other writers on this ſubject, or any one of the faculty with whom I am acquainted; though ſome of them have had a long and extenſive practice both in the Ophthalmy and Gonorrhœa. Whenever a metaſtaſis takes place in the laſt-mentioned diſeaſe, which is not uncommon, the change is made to one or other of the following parts: to the teſtis, producing a hernia humoralis; to the neck of the bladder, where it is attended with what Cockburn calls the Algado; between the præputium and glans penis, cauſing a ſpurious kind of Gonorrhœa; to the groins, exciting buboes; or elſe, being abſorbed into the blood, it is diffuſed through the whole habit, and, in a longer or ſhorter ſpace, diſcovers itſelf by the true and certain ſigns of a general Lues. A metaſtaſis, in any of the inſtances here pointed out, may happen,

happen, in conſequence of a premature ceſſation of the primary diſcharge; but ſo compleat and quick a tranſition of the venereal poiſon, from its firſt ſeat to another ſo diſtant as the eye, is, I believe, very uncommon, if ever the caſe. Nevertheleſs, ſuch a complaint as St. Yves deſcribes may happen, as well during the time that a perſon has a Gonorrhœa, as at any other: and it is not improbable, that the variations in the quantity of matter diſcharged from the Urethra, which ſometimes are very quick and conſiderable, might have led him to impute a ſimilar kind of diſcharge from the eyes to a ceſſation of the Gonorrhœa as its cauſe, though it proceeded from a very different one. In general, it may be admitted as a certain fact, that when there is a true venereal Ophthalmy, the habit is univerſally affected with the ſame diſeaſe.

I have now finiſhed all that appears neceſſary to be ſaid on the nature and cauſes of the Ophthalmy: and I pro-

 ceed

ceed to treat of the proper methods of cure.

Bleeding is generally recommended, and muſt be highly proper, in almoſt every ſpecies of the diſeaſe; but, in what manner, and from what part, the blood is to be taken, are, I apprehend, points which deſerve a more particular attention than has been uſually paid to them.

In ſome inſtances, the Ophthalmy is attended with a conſiderable degree of fever; in which, as alſo where the habit is plethoric, it is neceſſary to take eight or ten ounces of blood from the arm, previous to other more direct modes of relieving the eye: but, in the greater number of caſes, the fever, which attends them, being only ſymptomatic, whatever is ſufficient to remove the irritation and pain from the eye, will of courſe cauſe the fever produced by them to ſubſide.

By the direct modes of relief, I mean ſuch as are applied upon, or near to, the diſeaſed part: and, among theſe, that of opening the temporal artery has generally been

been allowed to be one of the moſt effectual as well as ſpeedy. The nearneſs of its ſituation to that of the diſeaſe would render it very deſirable to take blood from it; but the two following difficulties lie in the way, and prevent its being generally uſed: the firſt is, that it frequently will not yield a quantity of blood ſufficient to anſwer the intended purpoſe; and the ſecond, that troubleſome, and even dangerous, hemorrhages have ſometimes burſt from the orifice, at the diſtance of many hours from the operation. On theſe accounts, in general practice, I have preferred the application of leaches to the temples: notwithſtanding which, it deſerves notice, that, in ſome obſtinate caſes, after leaches had been applied, and various other means uſed, without any ſucceſs, I have ſeen remarkable relief procured by a complete tranſverſe diviſion of this artery; whereby the patient not only received benefit from the ſudden derivation of a large quantity of blood, but one

principal ſource from which the blood circulated to the inflamed part was cut off.

The external jugular vein has alſo ſometimes been opened in this complaint. It receives blood from all the veſſels diſtributed to the external parts of the head; but, not coming immediately from the eye, does not yield ſo direct a derivation, as the former, or as that which follows.

I have ſaid, that the application of leaches to the temples was, in general, preferable to the taking blood from the temporal artery: it may be of uſe, however, to remember, that when they have been placed on or very near the eyelids, they have ſometimes occaſioned them to ſwell to a very large ſize, and have increaſed, for a time, the irritation of the eye. The number of leaches, to be applied, ſhould ſeldom, if ever, be leſs than three; and, in order to prevent the miſchief above mentioned, it will be proper to confine their application as near to each other as poſſible, in the hollow of

the temple, about an inch and a half diſtant from the outer angle of the orbit.

But of all kinds of bleeding, that which is moſt topical, and would alſo be moſt effectual if it could be performed without irritating the eye, is, to bleed the eye itſelf. This may be done different ways: ſome ſcrape the Conjunctiva with a bruſh made of barley beards; others open the inflamed veſſels with a covered lancet; or, if one or two only are diſtended, glide a ſharp-edged crooked needle underneath, which divides them by cutting its way out. The two laſt-mentioned operations may be very proper, when a ſpeck on the Cornea appears to be ſupplied with one or more diſtinct blood-veſſels, which reſiſt the common methods of relief; though the caſes that require them will be found to occur very ſeldom: and as to the firſt method, that of bleeding the eye with barley beards, though I have uſed it ſeveral times, I never found any great or laſting benefit to be produced by it. In a few inſtances, the pain it occaſioned was

very

very ſevere, and the inflammation, inſtead of being leſſened, was afterwards increaſed; which I could no otherwiſe account for, than by ſuppoſing that ſome of the fine inviſible ſpiculæ of the beards were left in the eye. As no care can prevent this accident, it appears to be an inſuperable objection to the practice.

The uſe of bliſters in the Ophthalmy is admitted by almoſt every writer on the ſubject; but there have ever been different opinions concerning the part, to which they ſhould be applied. Hoffman thinks the feet the moſt proper: and relates, that a bliſter, applied on the nape of the neck, had been found by him to increaſe the pain in the eyes; whilſt one applied to the feet gave relief, as ſoon as the diſcharge took place. Pouteau, on the contrary, would, in all caſes, have them placed as near the diſeaſed part as poſſible. In ſhort, medical authors have differed in nothing more, than in their ideas, on the utility of what is called Derivation and Revulſion. Both theſe terms

ſuppoſe

ſuppoſe a diſcharge, and differ only in the part from which the diſcharge is procured: which, in the former, is as near as poſſible to the ſeat of the diſorder; and, in the latter, at the greateſt poſſible diſtance from it. Now, from what we know of the laws of circulation, it ſhould ſeem, that a diſcharge from any one part of the body would take off equally, or in proportion, from every part; and conſequently, would produce that diminution of the whole quantity, from which alone, any benefit could be expected. Yet this reaſoning will by no means accord with fact and experience: for, numberleſs caſes might be adduced from the beſt practical authors, of the efficacy both of Derivation and Revulſion, in various external, as well as internal, complaints. So far, however, as my own experience has gone, in caſes of this kind, the benefits produced by Derivation have been much greater than thoſe by Revulſion: and it is, accordingly, a fact fully verified by practice, that the

nearer

nearer and greater the Derivation is to the inflamed eye, the greater are the benefits produced by it; whether the diſcharge be of the ſerous, or ſanguineous kind. For theſe reaſons, when the leaches have fallen off, and the conſequent hemorrhage has ceaſed, I would adviſe a bliſter, of the ſize of half a crown, to be applied on the temples, directly over the orifices made by the leaches; and I have noticed, that the quicker in ſucceſſion they have followed each other, the more efficacious both have proved.

Through the whole progreſs of the diſorder, every thing that can heat or irritate ſhould be carefully avoided; the cooling and antiphlogiſtic regimen ſhould be uſed, with gentle laxatives to keep the body in a ſoluble ſtate. At the ſame time, the patient is to be guarded with no leſs care againſt ſtrong purges, which have often been employed, in this and many other complaints, without anſwering any other end, than that of lowering and

weakening

weakening the habit. Hippocrates, it is true, has ſaid, that a diarrhœa, or flux of the lower belly, was a cure for the Ophthalmy: but, by this he muſt be ſuppoſed to mean, either a ſpontaneous diarrhœa; that is, one that takes place without the interference of phyſic; or one, according to the explication of Riverius, that is produced by the mildeſt medicines, and ſuch as reſtrain the fever of the blood.

Beſides the methods of cure already pointed out, ſome local applications are neceſſary: and that, which I would particularly recommend for this purpoſe, is the Thebaic Tincture of the London Diſpenſatory; a medicine compoſed of Opium and warm aromatics, diſſolved in mountain wine. The power of Opium, when inwardly taken, to eaſe pain and induce ſleep, has been long known: but its external uſe is abſolutely forbidden by ſome very reſpectable perſons of the medical profeſſion. Galen relates, that a gladiator was killed by a plaiſter of Opium applied to the head: and other authors have ſaid,

that

that blindneſs and deafneſs were cauſed by its application to the eyes and ears. Experience, however, makes directly againſt theſe aſſertions; and proves, beyond contradiction, the great efficacy of its outward uſe in a variety of caſes. In the Ophthalmy, particularly, I have found the Thebaic Tincture, wherein Opium is the principal ingredient, to be eminently ſerviceable: and the mode, in which I have applied it, has been, to drop two or three drops of it into the eye, once or twice a day, according as the ſymptoms were more or leſs violent. When firſt applied, it cauſes a ſharp pain, and a copious flow of tears, which continue a few minutes, and gradually abate; after which, a great and remarkable degree of eaſe generally ſucceeds.

The inflammation is often viſibly abated by one application of this tincture only; and many bad caſes have been completely cured by it in leſs than a fortnight, after every other kind of remedy had been uſed for weeks, and ſometimes months, with-

without any ſucceſs. But this ſpeedy good effect is not to be expected in all caſes indiſcriminately. In ſome, the amendment is more ſlow and gradual, requiring the tincture to be made uſe of for a much longer time; and a few inſtances have occurred, in which no relief at all was obtained from its firſt application. In caſes of the latter kind, in which the complaint is generally recent, the eyes appear ſhining and gloſſy, and feel exquiſite pain from the rays of light. However, notwithſtanding theſe ſymptoms, the application is ſometimes found to ſucceed; and whether it will or not, can only be determined by making the trial; which is attended with no other inconvenience than the momentary pain it gives: and when it is found to produce no good effect, the uſe of it muſt be ſuſpended, until evacuations, and other proper means, have diminiſhed the exceſſive irritation; after which, it may again be applied, and bids equally fair for ſucceſs,

as in thoſe inſtances in which it never diſagreed.

Though I have ſaid, that Opium is the baſis of the Thebaic Tincture, it is neneſſary to obſerve, that the benefit ariſing from its application to the eyes muſt depend on ſomething more than the exiſtence of this medicine in its compoſition; ſince I have ſeveral times applied a ſtrong ſolution of Opium in water without any ſucceſs: the pain, indeed, was ſometimes leſſened for a while, but the inflammation always remained in its full force, as if nothing had been done. A fomentation made with poppy-heads, and applied warm, has been found comfortable to the diſeaſed part; and, in ſlight attacks of this diſorder, has been ſufficient to remove it: but, in more obſtinate caſes, it has repeatedly been found ineffectual, until the uſe of the tincture was joined with it.

That I might judge ſtill more certainly, what it was in the Thebaic Tincture, which chiefly cauſed its utility; I have

alſo

alſo once or twice applied to the eye the other principal ingredient in its compoſition, which is mountain wine; but I found that it gave the patient conſiderably more pain, and for a much longer time than the tincture; and was followed with no kind of benefit.

Having, therefore, ſatisfied myſelf, that neither of the ingredients in the tincture was able, in a ſeparate ſtate, to produce the benefit, which they uniformly did in combination with each other, I have for a long time paſt confined myſelf to the uſe of the tincture alone; and, from repeated experience, I am able to recommend it, with the helps and cautions above given, as a moſt effectual application in every ſpecies and ſtage of the diſorder, from the moſt mild and recent, to the moſt obſtinate and inveterate. In proof of this, I have added, at the cloſe of theſe remarks, a few caſes, ſelected out of a great number, which occurred in the courſe of my obſervation.

It may be expected, that I ſhould ſay ſomething of the manner in which the Thebaic Tincture operates, when applied for the cure of the Ophthalmy. I have found it very difficult to ſatisfy myſelf in this particular, but ſhall ſubmit the following thoughts to the judgment of the faculty.

Its firſt obvious effect is the ſame with that of every other ſtimulus; which is, to cauſe pain and heat in the eye: at which time, if the eye be carefully inſpected, the number as well as magnitude of the blood-veſſels will appear to be increaſed. At the ſame time, a flux of tears will be excited from the lachrymal gland, and, it may be, an additional ſecretion of fluids from thoſe exhaling pores, of which the Tunica Conjunctiva is full. The effects, above deſcribed, are moſt probably produced by the vinous and aromatic parts of the compoſition; and by their action I ſuppoſe the circulation of the fluids to be accelerated, and ſome minute obſtructions to be removed. The

diſcharge

diſcharge, it occaſions, may alſo be conſidered as a derivation, made immediately from the diſeaſed part, by which it is ſomewhat emptied and diſburdened. The ſeverity of the ſtimulus does not continue long; and as ſooh as it is gone off, the eye becomes perfectly eaſy, and the blood-veſſels will be found not only to be leſs than they were on the firſt operation of the medicine, but much leſs than before it was applied at all: and the conſequent eaſe and tranquility of the eye may, in part, ariſe from the depletion which the medicine has occaſioned, but more, from the known ſpecific power of the opium, to deſtroy irritability and abate pain.

The Aqua Saturnina has been very warmly recommended by Monſieur Goulard, as a certain cure for all caſes of inflammation, and particularly of the eyes; but the faculty ſoon found, that though, in recent caſes, from external accidents, it has ſometimes ſucceeded, yet, in others

produced by more complicated cauſes, it did not, and indeed could not afford the like benefit.

A ſolution of corroſive ſublimate, in the proportion of one grain to four ounces of diſtilled water, has been recommended by Mr. Falck, in venereal as well as other Ophthalmies. This, he alſo obſerves, will be uſeful for removing films and excreſcences from the Cornea.

I have frequently uſed it, for the laſt-mentioned purpoſe, with great ſucceſs; it ſometimes removing the film in a ſhort ſpace of time, when ſuperficially ſituated; though, at others, it took up a much longer ſpace, on account of its firm and deep fixture in the Cornea. In caſes of this laſt kind, it will not only be proper to uſe this water, but alſo to touch the ſpeck once a day with a little of the Pulvis Vitri finely levigated, which is to be applied by means of the point of a pencil bruſh.

The ſolution of the ſublimate will likewiſe be found to abate the heat and

itching of the eye-lids, to which many are liable; particularly, thoſe who by buſineſs are forced to work much and late by candle light.

There is yet one other cauſe of the Ophthalmy, of which it will be proper to take ſome notice; and that is, an inverſion of the edges of the eyelids, called by Heiſter, Trichiaſis, which occaſions the hairs, growing out of the ciliary edges, inceſſantly to rub againſt, and irritate the eye.

The cure of this ſpecies may be either palliative or radical. The palliative cure is to be effected by extracting the laſhes by the roots; but, in this caſe, the diſorder will return with the growth of the hairs, which very ſoon takes place. The radical or perfect cure can only be brought about, by retracting the ciliary edges, and preſerving them in their natural ſituation.

It is neceſſary, however, for me to make a diſtinction between an inverſion

of the upper and lower lid: ſince, though theſe two diſorders produce the ſame effects, they appear to ariſe from different cauſes, and, conſequently, to require different methods of cure.

The upper lid and its ciliary edge are preſerved, both in motion and reſt, in their natural ſituation, by the equal, though contrary, actions of the Muſculus Orbicularis, and Levator Palpebræ ſuperioris: but the lower lid, whoſe motion is very ſmall in compariſon with that of the former, has no muſcle correſpondent to the Levator of the upper; and is preſerved in its natural ſtate, by the equal action of the orbicular fibres ſpread over it, and the thickneſs and renitency of the ſkin which covers it. The ſkin of the upper lid, on the contrary, is always very thin, flaccid and folded. When, therefore, the Trichiaſis affects the upper lid, it appears to be produced by a relaxation of the Levator Palpebræ ſuperioris, and a contraction of the ſuperior part of the Orbicularis: whereas, a Trichiaſis

of the lower lid can only ariſe from a relaxation of the ſkin, and a contraction of the inferior part of the Orbicularis.

From theſe conſiderations it is evident, that the means of affording relief, muſt be varied in the two caſes. In the Trichiaſis of the lower lid, the cure will neceſſarily be accompliſhed, by increaſing the renitency of the ſkin to ſuch a degree, as to prevent the contraction of the Muſculus Orbicularis; but, in the Trichiaſis of the upper lid, an increaſed renitency of the ſkin could have no effect, and benefit can only be derived, from adding a ſufficient ſtimulus to the Levator Palpebræ ſuperioris, to excite its proper action.

The Trichiaſis of the upper lid occurs, I believe, very ſeldom. I am happy, however, to lay a caſe of this kind before the public, with the deſcription of an operation that produced the cure, as performed by a Gentleman of great eminence in his profeſſion. (See Caſe 11.)

The Trichiaſis of the lower lid is a more common complaint. When it is

recent, a cure has ſometimes been accompliſhed, by forming a fold in the ſkin below the inverted lid, to draw its edge from the eye, and preſerving the ſkin in that ſtate by the application of ſticking plaiſter: or, by means of an inſtrument contrived to pinch up a ſmall portion of the ſkin, and hang thereby on the cheek; which, by its weight, anſwers the ſame purpoſe as the plaiſter, and is leſs liable to loſe its hold.

In ſlight caſes, the ſkin may recover its tone by theſe means: but, in others of a more ſtubborn kind, I have generally been obliged, for the ſame end, to cut off a ſmall tranſverſe portion of the looſe ſkin below the edge of the lid, and afterwards confine the ſides of the wound together, by means of a Suture; which has effectually anſwered the purpoſe. (See Caſe 10.)

There are caſes, however, in which none of theſe methods will be ſufficient for the cure: as, where the ciliary edges are not only inverted, but likewiſe contracted, or ſhortened in their length.

Under theſe circumſtances, relief can only be given, by enlarging the circumference of the ciliary edges, which may be done, either by an inciſion at the outer angle, or by a compleat diviſion of the cartilage called Tarſus, in the middle. The firſt of theſe operations is no more than a ſimple ſtreight inciſion, which may be made with a ſharp-pointed curved Biſtoury. The laſt, which is ſeldom neceſſary, will be beſt performed by the ſame inſtrument; only obſerving, that the point be carefully introduced between the globe and eyelid, and carried below the cartilage, (that is, about one-eighth of an inch;) whence it is to be puſhed outward in a horizontal direction, till it has cut its way through the lid. The cartilage being thus intirely divided, each portion will recede towards the angles, and a ſeparation be left between them, which will not only take off the complaint for the preſent, but prevent the poſſibility of its return in future.

CASE

CASE I.

M. C. of Mile End, about 26 years of age, caught a ſevere cold after a miſcarriage, in November 1778, which was attended with a violent inflammation of the left eye. She made uſe of great variety of eye-waters without any effect. After this, ſhe was blooded with a leach on the temple, at three different times, at the diſtance of a few days from each other; by which the inflammation was certainly diminiſhed: but, upon her taking freſh cold, it returned, and ſoon became as violent as before. At the end of ſix weeks, the Thebaic Tincture was firſt applied, according to the directions before given; at which time a large ſpeck was diſcernable on the right ſide of the pupil, and in part covering it. The inflammation was then ſo extreme, that the leaſt degree of light gave her the moſt exquiſite pain. The firſt application of the tincture pro-

duced

duced a ſevere ſmarting for a few minutes, but this going off, the patient felt a remarkable degree of eaſe. The inflammation was ſo high, when I firſt ſaw her, that, beſides the uſe of the tincture, I directed the immediate application of three leaches to the temple of the ſide affected, which was to be followed by a bliſter, as ſoon as the hemorrhage ceaſed. It ſo happened, that the leaches could not be made to hold, and the bliſter was on that account omitted. The ſecond day the patient found herſelf greatly relieved, and the eye appeared to be much leſs inflamed. The Tincture was therefore applied again, and became ſo effectual, that there was no occaſion afterwards for the uſe of either the leaches or the bliſter. In three days ſhe could open her eyes without pain; and in a fortnight, the Ophthalmy was entirely gone off, and the Cornea ſo clear as to admit ſuch a degree of ſight, as was ſufficient for all the common purpoſes of life.

CASE

CASE II.

A daughter of Mr. S. near Hermitage Bridge, Wapping, about ten years of age, was ſuddenly ſeized, in the month of Auguſt, 1778, with a violent inflammation in her right eye, without any known cauſe. By advice of the apothecary, ſhe had been blooded, had taken much phyſic, and the Aqua Saturnina had been uſed: and all without affording any relief. After ſeveral weeks, a conſultation was held. The eyelids, at that time, were ſo ſwelled, that the ſtate of the eyes could not be diſcovered. The tincture was immediately applied, which occaſioned its uſual ſmart; but, in leſs than an hour, ſhe felt the eye conſiderably more eaſy than it had been from the firſt attack. She was that night blooded with leaches and bliſtered on the temple; and the next day the tincture was applied again, and had the ſame good effect as before. The third morning, ſhe could

open

open her eye, ſo as to ſee objects: but the pain, which the light gave her, was ſtill ſo great, that ſhe was glad to ſhut it as quick as poſſible. A paſteboard ſhade was kept conſtantly over it, and for ſeveral days ſhe was forced to live in a darkened room. The tincture was applied daily for three weeks; always affording great eaſe, and producing a ſlow, but conſtant amendment. After this, it was repeated every ſecond day for another week; when the ſight was ſo good, that the ſhade became unneceſſary. The eye was then waſhed night and morning with a weak ſolution of ſublimate, and the pulvis vitri applied to a ſmall ſpeck on the Cornea. Theſe ſhe has uſed for more than twelve months, with great ſucceſs; the ſpeck being much ſmaller, and the ſight clearer, than they were, when theſe medicines were firſt employed.

CASE

CASE III.

J. S. driver of the Dover ſtage, was ſeized, in the month of April, 1778, while upon the road, with ſymptoms of a violent fever, which obliged him to deſiſt from driving. He took ſome ſweating medicines, which, at the end of two days, greatly abated the fever: but he was then attacked with a ſudden and moſt ſevere pain in the right eye, which ſhot through to the back part of the head. The apparent inflammation was leſs, than might be expected from ſuch ſeverity of pain. He was bled in the arm, purged, bliſtered behind the ears; at different times, five leaches were applied to his temples; and a fomentation of poppy heads was likewiſe uſed: but none of theſe means afforded him any great relief. After two months confinement, the pain gradually abated of its own accord, but the ſight in this eye was totally loſt. The latter end of June, he

he returned to his buſineſs of driving; which he was able to perform with his left eye, and continued in it till the 30th of Auguſt following, when, in the night, he was attacked, in a ſimilar manner, with violent inflammation and pain in the ſame eye, which had before been diſeaſed. He was blooded, and his head was embrocated with an anodyne liniment: but receiving no relief, on the 2d of September he came to London for advice. The inflammation was then ſuch, that it truly anſwered the deſcription of the Chemoſis; having exactly the appearance of raw fleſh. The pupil of the eye was much enlarged, and the Iris appeared uneven in its inferior part. The Thebaic Tincture was immediately applied, and he was blooded that night with three leaches, and bliſtered on the right temple. The next morning he took a gentle purge; and at noon, when I ſaw him, was almoſt perfectly eaſy. Every morning and evening, he waſhed his eye with a weak ſolution of Sublimate, and the tincture was repeated

once

once a day for a fortnight. At the end of this time, the pain was wholly, and the inflammation nearly removed; and, in leſs than three weeks, he reſumed his former employment.

CASE IV.

A young Lady in the city, from the time of her having the Small-pox, which is now about ſix years, had been ſubject to almoſt continual heating, plunging pains in her left eye, with little or no apparent inflammation. Before ſhe had the Small-pox, her eye was occaſionally inflamed; and during its continuance, a pock ſettled directly upon the ſight, which left no ſpeck; but cauſed a depreſſion, that prevented the rays of light from falling equally, and made objects appear, as if they were ſeen through wavy glaſs. She had taken the advice of many Gentlemen of the faculty, who chiefly made uſe of internal medicines, but without any ſuc-

ceſs.

ceſs. In January, 1779, at a time when the pain was greater than ordinary, the Thebaic Tincture was dropped into the eye. The temporary ſmart, which its application always occaſions, very ſoon ſubſided, and was followed by a degree of eaſe to which ſhe had been long a ſtranger. It was repeated every day for a fortnight with conſtant benefit; and from that time to the preſent, ſhe has never had the ſlighteſt relapſe.

CASE V.

E. S. of Curriers Court, London Wall, aged 53, was deprived of her hearing fifteen years ago, when ſhe laboured under ſevere pains of the head, and had eruptions on different parts of the body. Theſe complaints were accompanied with a violent inflammation in the left eye, and followed by a large ſpeck on the Cornea; which, though it did not wholly take away the ſight, rendered it intirely uſeleſs.

In October, 1778, the inflammation ſuddenly returned with great violence in both eyes, producing total blindneſs and great pain. It continued a week before I ſaw her; when both eyes had ſpecks upon them, and the pupil of the left appeared to be wholly covered. After applying the tincture to the right eye, I waited to ſee what effect it would produce; but, in a very few minutes, ſhe found ſo much eaſe, as to deſire I would apply it alſo to the left. The next day, both eyes were blooded with a bruſh of barley beards; which operation, in this inſtance, as I have found in many others, gave great pain, and had no ſalutary effect. The tincture was applied every day; and at the end of a week, the ſymptoms were much abated: but the inflammation being ſtill conſiderable, three leaches and a bliſter were ordered to each temple, and a gentle purge was adminiſtered every third morning. The tincture was repeated daily for three weeks; after which, ſhe could ſee ſufficiently to conduct herſelf from her own houſe to

Walbrook: and the immediate eaſe, which ſhe conſtantly experienced on every application of the tincture, induced her to continue it for near two months after the inflammation was apparently ſubdued. When the uſe of the tincture was left off, the ſpeck on the left eye was evidently thinner and ſmaller than when I firſt ſaw it, ſo that ſhe could diſtinguiſh objects ſideways. The ſight of her right eye was diſtinct and perfect.

CASE VI.

Mr. S. a Ship-broker in the City, about 35 years of age, was attacked, in February, 1779, with a moſt ſevere and painful inflammation in the eye; which was much increaſed by cloſe attention to buſineſs. On the third day from its appearance, the Thebaic Tincture was applied; which gave him extreme pain for near the ſpace of an hour, without affording the uſual ſubſequent relief. The

ſame evening, he was blooded with leaches, and bliſtered on the right temple: in conſequence of which, he found himſelf eaſier. The day following, the uſe of the tincture was repeated, and gave him the ſame pain as before. For ſeveral months, he had been ſubject to a violent aching in both temples; which, in the right, was much relieved by the uſe of the leaches and bliſter. For the two purpoſes, therefore, of eaſing the left temple, and benefiting the eye, the ſame applications were directed to that temple, as had been uſed to the right: and they happily ſucceeded ſo far, as to remove the pain in that part, though the inflammation in the eye continued as violent as at firſt. The tincture had been tried three times, previous to the laſt bleeding, and always gave the ſame pain without procuring any eaſe or amendment. Three drops of a ſtrong ſolution of Opium in water were therefore dropped into the eye, which ſeemed to deaden the pain; but, after a week's trial, there was ſtill no change

change in the appearance of the inflammation. A third application of leaches was therefore made to the right temple, and followed with another blister: after which, it was again tried what effect the Thebaic Tincture would produce; when it was attended with no more smart than what it usually occasions; and, in a few minutes, the same ease succeeded as in other cases. It was repeated for ten days, night and morning: in which time, the inflammation wholly subsided, and the patient was perfectly cured.

The three following Cases were particularly noticed by Mr. Wathen, in the course of his practice, more than twenty years ago, and will be additional proofs of the efficacy of the treatment now proposed.

CASE VII.

A child of Mr. E. in New-ſtreet, Biſhopſgate, had the Meaſles in the year 1752; immediately after which, a ſmall ſpeck was diſcernible on the Cornea, attended with conſiderable inflammation. The inflammation varied much at different times: but the ſpeck conſtantly increaſed; and, at the end of twelve months, when Mr. Wathen firſt ſaw her, was become ſo large, that it greatly obſtructed the ſight. She had been blooded and bliſtered, and had taken many opening and alterative medicines. Mr. W. therefore, had recourſe to the tincture only, which gave her great pain, and he was apprehenſive its application had been premature: but the next morning convinced him to the contrary, as ſhe could then open the eye, and bear the light; which ſhe had not before attempted for a long time. He therefore continued the uſe of

it

it every morning for a fortnight, when the inflammation was quite gone, and the ſpeck ſomewhat diminiſhed. Various detergent eye-waters were applied, always guarded with the tincture; and, when the eye was in any pain, or ſhewed the leaſt tendency to inflammation, the tincture alone was uſed. In a few months, the ſpeck was wholly removed; and October the 16th, 1754, Mr. W. examined the eye, and found it in every reſpect as well as the other.

CASE VIII.

Mrs. S. of Skinners-ſtreet, had been ſubject, for twelve years, to an inflammation of both eyes, which originally proceeded from a violent cold ſhe caught by going imprudently into the cold bath. Part of the time, ſhe had been in Guy's Hoſpital; and, for three years, in the London Infirmary. When ſhe came to Mr. Wathen, he uſed all the common me-

thods, and every thing elſe he could think of, to relieve her, but with as little effect, as others has done before him. At length he applied the Thebaic Tincture, from which ſhe found immediate benefit; and could ſoon diſtinguiſh faces, and bear the light. Previous to the uſe of it, the Cornea was exceedingly thickened, but afterwards became gradually thinner. It was continued once a day for ſeveral months, always affording great eaſe; till at length, the ſight became ſo clear and ſtrong, that ſhe could ſee to thread a fine needle. Some ſmall ſymptoms of inflammation afterwards appeared at different times; but they were prevented from coming to any height by the immediate uſe of the tincture.

C. A. S. B.

CASE IX.

The ſon of a weaver in Spital-fields was attacked with a violent inflammation in his right eye, which ſpeedily ſwelled to a prodigious ſize. Its natural appearance was entirely deſtroyed, and inſtead of it, it had that of a large fungous excreſcence. It had continued ſeveral weeks, giving the child exceſſive pain, before Mr. Wathen ſaw it. Bleedings, fomentations, &c. had been tried without effect. Its ſize was then ſo large, that it could not be retained within the eyelids, and the child's health and ſtrength were daily decaying; ſo that it became abſolutely neceſſary to have it taken out. Mr. W. therefore performed the operation, which was attended with no bad circumſtance till the third day; when a moſt violent pain ſeized the wound and orbit, which made him very apprehenſive that the event would prove fatal. He,

however, applied the Thebaic Tincture, which almoſt inſtantly gave eaſe. The child ſlept well, and every threatning ſymptom diſappeared. The wound proceeded regularly through its different ſtages, and, in as ſhort a time as could be expected, was compleatly cured.

This Tincture has repeatedly been applied, with great advantage, for the relief of thoſe inflammations, that continue troubleſome after operations performed on the eye: particularly, after the extraction of the chryſtalline humour, and the puncture that is ſometimes neceſſary to be made in the Cornea, to diſcharge matter lodged between it and the Iris.

CASE

CASE X.

An Ophthalmy produced by an Inverſion of the lower Lid.

S. S. of Creed-lane, Doctors Commons, aged about 50 years, applied to me, in the month of May, 1779, on account of an inflammation in her left eye, which had continued nearly two years, notwithſtanding the uſe of various medicines and applications, recommended by different perſons. On examining into the caſe, it was evident, that the inflammation was cauſed by an inverſion of the lower lid, which occaſioned the laſhes to rub conſtantly againſt the eye. She had for many years been ſubject to convulſive fits, which affected every part of her body; and the diſorder in the eye firſt came on, after a ſevere attack of this kind. I immediately applied ſticking plaiſter to the lid, and continued it down upon

upon the cheek in ſuch a manner, as to make a fold in the ſkin; which effectually anſwered my deſign, of keeping out the edge of the lid, ſo long as the plaiſter remained well on the part: but, after trying it for ſeveral days, I found, that it was frequently liable to ſlip; and that, when this happened, the lid immediately returned to its inverted ſtate. I therefore fixed an inſtrument, ſomething ſimilar to that contrived by Bartiſchius, and repreſented by Heiſter, (plate 15, figure 20) upon the ſkin below the lid, and let it hang upon the cheek; which, by its weight, kept the lid from becoming inverted: but, as the benefit it produced was only temporary, and the pinching of the ſkin, which was neceſſary to confine it, gave the patient pain, I ſoon omitted the uſe of it, and, with Mr. Wathen's conſent, performed the following operation. I firſt removed a tranſverſe fold of the ſkin below the edge of the lid, and then with three ſutures I confined the ſides of the wound cloſe to each other.

The

The day after the operation, the integuments, ſurrounding the eye, were conſiderably ſwelled; but the ſwelling ſoon ſubſided by the uſe of the Aqua Saturnina, applied as a fomentation. No difficulty afterwards occurred: the eyelids continued conſtantly in their natural ſtate; the inflammation of the eye was ſpeedily removed, and the patient became perfectly well.

In December following, the ſame woman applied again with an inflammation in her right eye, which aroſe, like the former, from an inverſion of the lower lid. The left eye had been quite well ever ſince the operation. I repeated it on this eye; and, without any difficulty, it produced a perfect cure.

CASE

CASE XI.

Communicated by a Gentleman of the firſt Rank in his Profeſſion.

An Ophthalmy produced by an Inverſion of the upper Lid.

"The worſt kind of Trichiaſis, which I ever ſaw, was in a young Gentleman about 18 years of age. Previous to my ſeeing him, he had repeatedly undergone the uſual diſcipline of extracting the hairs from the Cilia: but, when they grew again, they took their uſual courſe towards the Tunica Conjunctiva; and, by continual irritation of that membrane, gave conſtant pain, and produced, what writers on diſeaſes of the eyes call Chemoſis, and what gives me the idea of fungous fleſh, or of a villous ſurface, reſembling the pile of red velvet. After a variety of treatment, as bleeding, purging, bliſtering, ſetons,

bark, alteratives, and the uſe of every other method, which the moſt eminent practitioners, both in phyſic and ſurgery, could think of; recourſe was had to eye-waters and ſalves, and the Panaceæ of the moſt celebrated empirics of the time: but all proved ineffectual, and the young Gentleman became totally blind.

"At this period I was conſulted, and at the ſame time was aſked, if I had any objection to the opinion of a celebrated itinerant Oculiſt, who was at that time in England. I ſaid, certainly not. We accordingly met; and when we had examined the eye, and heard what had been done, he propoſed the taking off a fold of the ſkin of the ſuperior Palpebra. I told him, I ſhould not object to his making the attempt, if the gentleman and his father gave their conſent: though I own, it was my opinion, that it would not ſucceed. At that time, I had not conſidered the caſe ſufficiently, though I intended to do it very critically before we met again. A day for the operation was fixed: but,

previous

previous to that, the Oculiſt ſent a meſſage to the young Gentleman's father, which diſcovered the true Charlatan, and immediately determined the Gentleman not to have any thing more to do with him. I was again ſent for; and, having well conſidered the caſe, I freely delivered my ſentiments, that the method which had been propoſed, did not ſeem likely to me to be ſucceſsful: as the fault was not in a ſuperfluity of ſkin, but in a relaxation of the Elevator Palpebræ ſuperioris muſcle. Having premiſed this, I recommended, and performed the following operation. I made an incision through the integuments of the upper lid, from the inner angle of the eye to the outer; I then ſeparated the fibres of the Orbicularis, ſo as to denudate the expanded fibres of the Elevator muſcle, as near to their termination in the edge of the lid as poſſible; which being done, I applied a ſmall cauterizing iron, adapted to the convexity of the globe of the eye, and made pretty warm, by paſſing it two or three times over the tendino-

tendino-carnous fibres. My intention in this was to occaſion a ſlight irritation, which I hoped would produce the ſame effect, as we frequently obſerve to happen after burns in different parts of the body, eſpecially in the hands, after which the fingers often contract, and in many inſtances have remained contracted ever after. This happy effect took place in the preſent caſe: and, though the eyelid was kept conſtantly higher than I could have wiſhed, the Trichiaſis was cured, the inflammation ſubſided, and the eye became uſeful.

Of the Pſorophthalmy, or Inflammation and Ulceration of the Eyelids.

IN the deſcription of the eye, prefixed to theſe remarks, it has been obſerved, that the Tunica Conjunctiva is reflected from the inſide of the eyelids, to cover the anterior part of the globe of the eye. Whenever, therefore, that part of this tunic, which covers the globe, is inflamed to any great degree, that which covers the eyelids is liable to be affected in the ſame manner: but, as this is no more than a ſymptom, or immediate effect, of the Ophthalmy, it will, in general, be found to go off, as ſoon as the diſorder, by which it is occaſioned, is removed.

This, however, is not always the caſe. In ſome inſtances, the inflammation of the lids is attended with an ulceration of

their edges, upon which a glutinous matter lodges, that incruſts and becomes hard; and, when they have been long in contact, as, during ſleep, connects them ſo cloſely to each other, as to require painful efforts for their ſeparation.

Now this is the diſorder, of which I propoſe here to treat. I have called it Pſorophthalmy *; becauſe that name is more deſcriptive of its nature, than any other I could find.

To form a clear idea of the Pſorophthalmy, it ſhould be remembered, that on the inſide, and near to the edges, of the eyelids, is ſituated a number of ſmall glands, ſecreting a ſebaceous fluid, which is excreted by a row of ducts opening immediately on the inner edges of their border. Theſe ducts, and ſometimes the glands themſelves, appear to be the parts principally affected; and the fluid which is ſecreted by them, inſtead of being moiſt

* Caſtellus defines the Pſorophthalmy to be Oculi palpebrarum ſcabies pruriginoſa.

and mild, and ſerving as a defence againſt the acrimony of the tears, is changed into a ſharp, acrid, and adheſive humour; which cauſes a conſtant irritation of the eye and lids, ulcerates the inner edges of the latter, and, for want of proper attention, has often perpetuated the diſorder for a great number of years.

St. Yves deſcribes this complaint more accurately than any other author I know, in a chapter, "*On the Ophthalmy ſubſequent to the Small-pox.*" He there obſerves, "that the puſtules on the edge "of the cartilage of the eyelids, which "penetrate between the Cilia and their "inner ſurface, do not cicatrize, by rea"ſon of the acrimonious ſerоſity which "inceſſantly humects the eye: hence "follow ulcers which laſt ſometimes ſe"veral years, and even during life, if "they be not remedied *."

It muſt, however, be remarked, that, though both the Small-pox and Meaſles

* St. Yves, page 191.

are certainly very frequent cauſes of this complaint, they are not the only ones. An inflammation of the globe, in itſelf but ſmall, will ſometimes affect the lids, ſo as to cauſe them to ſwell and become red; in conſequence of which, there will be an adheſion of one to the other, and often an univerſal ulceration of their edges. The ſmall puſtules, alſo, which form on the outer margin of the ciliary edge, where the laſhes grow, and are known by the name of Styes, have, in ſome inſtances, brought on an inflammation which has been continued to the ſebaceous glands, and produced all the conſequences before deſcribed; but, in general, ſtyes give no trouble, they break, and then diſappear.

The ulceration in the Pſorophthalmy is uſually confined to the edges of the eyelids; but ſometimes it is ſeen to extend over their whole external ſurface, and even to excoriate the greater part of the cheek. In caſes of the latter kind, the inflammation which accompanies, has often much the appearance of an Eriſipe-

and mild, and ſerving as a defence againſt the acrimony of the tears, is changed into a ſharp, acrid, and adheſive humour, which cauſes a conſtant irritation of the eye and lids, ulcerates the inner edges of the latter, and, for want of proper attention, has often perpetuated the diſorder for a great number of years.

St. Yves deſcribes this complaint more accurately than any other author I know, in a chapter, "*On the Ophthalmy ſubſequent to the Small-pox.*" He there obſerves, "that the puſtules on the edge "of the cartilage of the eyelids, which "penetrate between the Cilia and their "inner ſurface, do not cicatrize, by rea"ſon of the acrimonious ſeroſity which "inceſſantly humects the eye: hence "follow ulcers which laſt ſometimes ſe"veral years, and even during life, if "they be not remedied *."

It muſt, however, be remarked, that, though both the Small-pox and Meaſles

* St. Yves, page 191.

are certainly very frequent cauſes of this complaint, they are not the only ones. An inflammation of the globe, in itſelf but ſmall, will ſometimes affect the lids, ſo as to cauſe them to ſwell and become red; in conſequence of which, there will be an adheſion of one to the other, and often an univerſal ulceration of their edges. The ſmall puſtules, alſo, which form on the outer margin of the ciliary edge, where the laſhes grow, and are known by the name of Styes, have, in ſome inſtances, brought on an inflammation which has been continued to the ſebaceous glands, and produced all the conſequences before deſcribed; but, in general, ſtyes give no trouble, they break, and then diſappear.

The ulceration in the Pſorophthalmy is uſually confined to the edges of the eyelids; but ſometimes it is ſeen to extend over their whole external ſurface, and even to excoriate the greater part of the cheek. In caſes of the latter kind, the inflammation which accompanies, has often much the appearance of an Eriſipe-

las, and will receive moſt relief from an antiphlogiſtic and ſedative treatment. The uſe of the citrine ointment, which will hereafter be recommended, muſt in ſuch inſtances be omitted, until the extreme irritability of the ſkin has been abated by ſuitable applications.

This diſorder is alſo ſometimes attended with a contraction of the ſkin of the lower eyelid; in conſequence of which, it is drawn down, and the inner part turned outward, ſo as to form a red, fleſhy, and moſt diſagreeable appearance, called Ectropium. Whenever this is ſeen, it proves the complaint to be of the moſt obſtinate nature; though it is generally removed by the cure of the Pſorophthalmy, from whence it is derived.

Several ancient, as well as modern, writers have given an account of diſorders affecting the edges of the eyelids, which bear ſome reſemblance to that I am now deſcribing: but theſe are repreſented, either as ſo ſlight and trivial, on the one hand, that (if nature requires any aſſiſtance)

ance) the moſt ſimple topical applications will be found ſufficient for the cure; or elſe, they are, on the other hand, deſcribed as ſymptoms of the Scrophula, Scurvy, or Lues Venerea, and as incurable by any external means, until the ſuppoſed diſorder in the habit is properly corrected. Now, it ſhould ſeem that theſe laſt-mentioned effects, which they impute to ſcrophulous, or other internal, cauſes, are in reality the very ſame diſorder, to which I have given the name of the Pſorophthalmy; though, in their accounts, we meet with no accurate deſcription of its ſeat, progreſs, or effects. And I am further of opinion, that it is much oftener a local complaint, than is generally believed: for, in what manner can it be determined, that it ariſes from a ſcrophulous or venereal cauſe? This, I apprehend, can only be known with certainty from the appearance of ſuch other ſymptoms, as are clearly ſcrophulous or venereal: whereas, numberleſs caſes continually oc-

cure in which the eyelids alone are affected, without a single symptom of any other disorder whatever, and to which all the common methods of relief have been applied in vain.

I proceed, therefore, to give a more particular description of the Psorophthalmy, according to the ideas which, from experience, I have been led to form of it. And, in cases of this kind, I consider the ducts of the ciliary glands as really ulcerated; whence it arises, that the oily soft fluid, secreted by these glands, being mixed with the discharge from the ulcers, is changed into an acrid humour, which quickly inspissates into a hard adhesive scab. This scab, lodging on the orifices of the ducts, spreads the complaint, by the irritation which it raises, over the whole internal edge of the eyelid, and prevents the possibility of its being relieved, until local remedies are applied, to prevent the formation of the scab, by curing those ulcers which served to produce it.

But though I am of opinion, that the Pſorophthalmy often and moſt commonly takes place, entirely independent of any other complaint, (at leaſt, as far as can be diſcovered,) it is yet neceſſary to be obſerved, on the other hand, that it is ſometimes accompanied with the plaineſt marks of a ſcrophulous conſtitution, and ſeems evidently to ariſe from it. In the caſes now referred to, as alſo in ſcrophulous caſes of all ſorts, a variety of internal medicines have been recommended at different periods. I ſhall mention a few of the principal.

The Extractum Cicutæ was propoſed by Dr. Storck of Vienna, as a medicine very proper for the cure both of the Cancer and Scrophula; and he has given twenty caſes, in which, under his management, it met with the deſired ſucceſs, though not before it had been long uſed. The doſe which he gave at firſt, was a pill conſiſting of two grains, to be repeated twice a day; which was afterwards

increaſed

increaſed to three pills each doſe, and repeated three or four times in the ſame ſpace. Dr. Storck does not mention the Pſorophthalmy as accompanying any of his caſes, but obſerves, that in ſeveral different complaints of the eyes, he had given it with good effect: notwithſtanding which, to conclude the whole, he adds, "in malis inveteratis plerumque "fruſtra fuit." Dr. Fothergill, in the third volume of the London Medical Obſervations, gives it as his opinion, that the Cicuta is much more beneficial in ſcrophulous than in cancerous diſtempers, but confeſſes it is not always attended with equal ſucceſs.

The Cortex Peruvianus has alſo had a great number of advocates. In the firſt volume of the London Medical Obſervations, Dr. Fothergill and Dr. John Fordyce particularly recommend it for inveterate Ophthalmies. They both agree in ſuppoſing it will reſolve glandular tumours; and Dr. Fothergill propoſes it to be

be joined with Calomel pills, though his chief dependence is upon the Bark.

The internal uſe of the ſea water, and bathing in the ſea for ſcrophulous complaints, have been approved and recommended by the moſt eminent phyſicians, for a great number of years; and ſeem to have acquired a ſolid reputation. I muſt, however, take the liberty to remark, that ſea-bathing is highly improper in every inflammatory diſorder to which the eyes are liable; and I have frequently obſerved that it brought on very violent pain, and much aggravated the complaint.

Many mineral waters in this country are likewiſe much eſteemed for their ſalutary effects, when taken for the Scrophula: but, however, judiciouſly, theſe, or internals of any kind, may be preſcribed, they are abſolutely inſufficient in themſelves for the cure of the Pſorophthalmy, unleſs aſſiſted by proper applications to the part affected. The number of patients we meet with, who have gone through ſome, and even all theſe proceſſes,

without

without any kind of benefit, are ſufficient evidences of the truth of the aſſertion; and this will be more apparent, if we recollect how many other external diſorders we daily ſee, which are known to proceed from internal cauſes, and yet require a topical treatment.

I go on to ſpeak of the proper applications for the cure of the Pſorophthalmy. And here it will be neceſſary for the reader carefully to attend to the deſcription before given of this diſorder; (ſee page 72.) for, on a due conſideration of what I have there ſaid, it will appear, that my deſign muſt be, to ſoften and remove the ſcabs, and to uſe ſuch applications to the ulcers, as may correct the acrimony of the diſcharge, promote digeſtion, and bring them into a ſtate for healing.

The intention of Monſieur St. Yves, in his direction for the cure of ulcers on the edges of the eyelids, ſubſequent to the Small-pox, does not appear to be much unlike that which I

have

have here mentioned; as appears in the following quotation I have made from him: "Ophthalmic waters, in general, "are of very little ſervice; but I have "found, from my own experience, that, "by touching them, with the Lapis In-"fernalis, they cicatrize eaſily. The "violent heat of the cauſtic muſt be "abated, as ſoon as they have been "touched, by waſhing the eye in a ſmall "glaſs full of warm water; you muſt, "above all, take care, that the part of "the eyelid, which was cauterized, may "not bear againſt the globe of the eye, "till the pain is entirely gone off. They "may be touched, in this manner, once "or twice a week, till they ſeem to re-"quire no more uſe of the cauſtic; then "lay on theſe places, morning and even-"ing, Tutty reduced to a very fine pow-"der; it will cicatrize them *."

Now, though the intention of Monſieur St. Yves, in the above advice, is ſimilar to that I have mentioned; yet the danger of

* St. Yves, page 194.

applying

applying a cauſtick ſo powerful as the Lapis Infernalis, to a part ſo tender as the edge of the eyelid, and ſo near the eye, appears to be a real objection againſt its uſe; and has, I believe, deterred moſt of the faculty from following the practice: and yet it is remarkable, that amidſt the very conſiderable improvements, which have of late been made in the practice of ſurgery, no other outward applications have ſo much as been propoſed; at leaſt, any, which ſeem at all adapted to the nature of the diſorder, or which are ſupported by any proofs of their utility.

To ſupply this deficiency, in ſo important a branch of practice, is one principal deſign of the preſent publication. For this purpoſe I would recommend the uſe of the Unguentum Citrinum of the Edinburgh diſpenſatory, the compoſition of which is as follows:

℞

Hydrargyri unciam unam,
Spiritûs nitri uncias duas.

Digere

Digere ſuper arenam, ut fiat ſolutio, quæ calidiſſima adhuc miſceatur cum Axungiæ Porcinæ liquefactæ et in coagulum denuo tendentis librâ unâ, ſtrenue agitando in mortario marmoreo ut fiat unguentum.

If it is well made, it forms a hard ſalve, of a full yellow colour: but if the proportions are not exact, or the lard is added either too hot, or too cold, it will want both its proper colour and conſiſtence; and its ſucceſs will be much leſs certain than it otherwiſe would be.

The manner in which it is to be uſed, is as follows: Fill a ſmall box with it; let it be warmed before a candle, till the top of it is melted into an oil: this oil is to be taken off upon the end of the fore-finger, and carefully rubbed into the edges of the affected eyelids. The uſe of it once in twenty-four hours, will be ſufficient; and that ſhould be, when the patient goes to bed. Immediately after the application

plication, a ſoft plaiſter, ſpread with the Ceratum Album, is to be bound looſely over the eyelids, which will preſerve them moiſt and ſupple in the night, and contribute to prevent their adheſions to each other. Notwithſtanding this, ſome difficulties will always attend the opening them in the morning: for the further relief of which, it will be found of great uſe to cleanſe them with milk and freſh butter, well mixed together, and warmed; which will gradually ſoften and remove the incruſted matter, and, in a ſhort time, enable the patient to ſeparate them without any pain.

In ſome inſtances, where the eye has been very irritable, I have been obliged to apply the ointment by means of a ſmall bruſh made with camels hair; but if the finger can be uſed (and in moſt caſes it may), it certainly is better than any inſtrument, as the ointment may, by its aſſiſtance, be more thoroughly applied to the diſeaſed part.

The

The Psorophthalmy is often accompanied with a greater or leſs degree of inflammation on the globe of the eye: the thebaic tincture will therefore be of the ſame uſe, as in the caſes of the Ophthalmy already given.

I have before ſaid, that a ſcrophulous conſtitution is ſometimes the ſource of this diſorder. In that caſe, though the patient is perfectly cured, as far as reſpects the external ſymptom, there is yet great danger of its returning on ſome future occaſion. To prevent this, it is of the utmoſt importance to purſue an alterative courſe of medicine for a conſiderable time; beſides which, an iſſue ſhould alſo be opened, to divert the humour from the eye. The good effects of theſe are, nevertheleſs, not to be expected, without the ſtricteſt temperance in diet, and a general habit of regularity in living. In ſome inſtances, it will ſo happen, that no diſcharge can be procured from the iſſue: and when, upon trial, this is found to be the caſe, a perpetual bliſter, or ſome

other drain, muſt be ſubſtituted in its ſtead.

I ſhall now relate, in proof of the utility of the method of cure I have been deſcribing, a few caſes, which have come within my own experience or knowledge.

CASE XII.

The daughter of M. B. of Nightingale-Lane, Eaſt-Smithfield, about five years old, had the meaſles, in the month of June 1778, of which ſhe recovered in the uſual time: but while they were upon her, her left eye became violently inflamed, ſo as to occaſion great pain. Her mother, at firſt, waſhed it with the common water from the poſtern on Tower-Hill; and, for two days, this ſeemed to be very ſerviceable: but afterwards, the inflammation returned, and in as violent

a degree, as on the first attack. Various advice was taken, and carefully followed, till Monday September the 21st, when I first saw her. The eyelids were then so much swelled, that it was not possible to see the state of the eye. I immediately applied the Thebaic Tincture; after which, she was bled with three leaches, and blistered on the temple. The next morning I was able to separate the lids, and perceived that the eye was considerably inflamed. The Thebaic Tincture was applied once every day. On the 25th the inflammation was much abated, and the child's principal complaint seemed to be, that the lids adhered so close to each other, when she awoke in the morning, that it hurt her much to open them. The citrine ointment, and white cerate, were therefore applied every night, in the manner above directed; and, in the morning, before the child attempted to open her eyes, the gummy adhesive parts were taken off, by anointing them with a mixture of fresh butter and milk. No me-

dicines were now given, as the child had been ſufficiently purged before: and, on the 29th of the ſame month, ſhe was perfectly cured of her complaint; and the eye, which had been affected, was equally ſtrong, and, in every reſpect, as well as the other.

CASE XIII.

A ſon of Mr. E. of New-Street, Broad-Street, Golden-Square, about ſeven years of age, was ſeized, in December 1778, with a violent cold, which fell into both eyes. Nothing was done, except waſhing them with cold ſpring water, for a month; at the end of which, they became ſo painful, that he could not bear the leaſt degree of light, and was conſtantly confined to a room, which was almoſt dark. An apothecary was conſulted, who ordered one leach to each temple, and afterwards a bliſter behind each ear.

The leaches were applied three different times in the courſe of three weeks; after which, bliſters were put on the back, and nape of the neck, and, during the whole time, an eye-water was uſed: but all was without effect. On the 24th of March 1779, when I firſt ſaw him, the eyelids were much ſwelled, as in the former caſe; ſo that it was impoſſible to diſcover what damage the eyes had received. The Thebaic Tincture was applied, and, in a few hours, proved ſo efficacious, that the child was able to bear the light, and could play in it, without any cover on his eyes. On the 25th the tincture was repeated, when the Cornea was ſeen to be perfectly clear, but the Tunica Conjunctiva much inflamed. He was bled that night with three leaches, and bliſtered on each temple. On the 29th, he could ſee to walk as far as from his own houſe to Walbrook. After this, the tincture was applied every ſecond day. April 3d, the edges of the eyelids appeared very red; ſome gum was

seen sticking to the lashes; and they adhered much to each other in the morning. The Citrine Ointment, White Cerate, &c. were carefully applied, as in the last case. April 6th, the inflammation was entirely removed, both from the eyes, and eyelids, and the sight was perfectly clear, and free from blemish.

CASE XIV.

A daughter of Mr. S. of the Admiralty office, when about ten months old, was suddenly seized with a swelling of the eyelids, and great discharge of matter from between them. For this complaint, she was under the care of an apothecary, who gave her many medicines, and washed the eye with variety of eye-waters; notwithstanding which, the disorder continued near twelve months, with great violence, and was attended with considerable pain.

At first, the right eye only was inflamed; but afterwards, the left also was affected; and in that eye the inflammation became the moſt obſtinate and troubleſome. At length, her friends carried her into the country, where ſhe recovered, which they ſuppoſed, was owing to the change of air. Notwithſtanding this, in May 1776, the child being then about four years old, the ſame diſeaſe returned in the left eye, with equal violence; but was relieved in a very ſhort time, by the uſe of an ointment given by a ſtranger. She continued well till January 1779, when the left eye became again affected, as in the laſt relapſe. The ointment, which had before cured her, was now tried without any ſucceſs. She took phyſic every third morning for ſeveral weeks, but was ſtill unable to look at the light; and the eyelids were much inflamed and ſwelled. In this ſtate I firſt ſaw the patient; when, the lids being ſeparated with difficulty, I diſcovered a large ſpeck, which appeared to cover the greater part of the Cornea.

seen sticking to the lashes; and they adhered much to each other in the morning. The Citrine Ointment, White Cerate, &c. were carefully applied, as in the last case. April 6th, the inflammation was entirely removed, both from the eyes, and eyelids, and the sight was perfectly clear, and free from blemish.

CASE XIV.

A daughter of Mr. S. of the Admiralty office, when about ten months old, was suddenly seized with a swelling of the eyelids, and great discharge of matter from between them. For this complaint, she was under the care of an apothecary, who gave her many medicines, and washed the eye with variety of eye-waters; notwithstanding which, the disorder continued near twelve months, with great violence, and was attended with considerable pain.

At first, the right eye only was inflamed; but afterwards, the left also was affected; and in that eye the inflammation became the moſt obſtinate and troubleſome. At length, her friends carried her into the country, where ſhe recovered, which they ſuppoſed, was owing to the change of air. Notwithſtanding this, in May 1776, the child being then about four years old, the ſame diſeaſe returned in the left eye, with equal violence; but was relieved in a very ſhort time, by the uſe of an ointment given by a ſtranger. She continued well till January 1779, when the left eye became again affected, as in the laſt relapſe. The ointment, which had before cured her, was now tried without any ſucceſs. She took phyſic every third morning for ſeveral weeks, but was ſtill unable to look at the light; and the eyelids were much inflamed and ſwelled. In this ſtate I firſt ſaw the patient; when, the lids being ſeparated with difficulty, I diſcovered a large ſpeck, which appeared to cover the greater part of the Cornea.

I advised the application of three leeches, and a blister, to the left temple: the Theobaic Tincture was also made use of; and being found to give great ease, was repeated every day. In a fortnight the inflammation was considerably abated, and the child could open her eyes with ease: but still, the edges of the lids appeared red, and adhered much to each other during the night; on which account, the citrine ointment, and white cerate, were applied at bed-time; and the mixture of warm butter and milk, when she awaked in the morning. In ten days more, the inflammation was wholly removed, both from the eyes and eyelids: the speck, also, which at first appeared to cover the whole pupil, was greatly reduced, and the sight was so far restored, as to become very useful. An alterative powder, composed of Æthiops Mineralis and Cremor Tartari, was given twice a-day; and towards the completion of the cure, an issue was opened in the left arm. The sublimate eye-water was continued a long time after the other applications,

on

on account of the ſpeck; which, though it in part remains, as is well known to be uſual in ſuch caſes, was, however, by this means, gradually and greatly diminiſhed.

CASE XV.

In the month of July 1778, I was applied to, by a porter belonging to the Eaſt-India Houſe, who was upwards of ſixty years of age, and had a violent inflammation in both his eyes. It had continued more than a month, and laid him entirely aſide from his duty. He could not open the lids without feeling very acute pain: but, though the redneſs of the eyes was conſiderable, it was not equal to that which is obſerved in the Chemoſis. The Thebaic Tincture was immediately applied; which, after the uſual ſmart, gave him great relief. The ſame evening he was bled with three leeches, and bliſtered on both temples;

which

which further alleviated the pain, and considerably leſſened the redneſs of the eye. The tincture was repeated daily, with ſimilar good effects, for a fortnight; when he was able to attend his duty at the warehouſe. He now complained, that his principal difficulty was to ſeparate the lids in the morning, which always gave him great pain. It had been obſerved, for ſeveral days, that their edges were more red than natural; but his conſtant amendment gave reaſon to hope, that the tincture alone would have been ſufficient to remove it. On a minute examination, the edges were found not only to be red, but to have ſeveral ſmall white points upon them, truly ulcerated; for the cure of which, the uſe of the Citrine Ointment, White Cerate, &c. was directed, as in the former caſes. From theſe applications, the eyelids received as much benefit, as the eyes had before experienced from the tincture; and, after three weeks regular uſe of them, he appeared ſo well, as to require no further

help;

help: but, on a ſudden, he caught a freſh cold, which renewed the inflammation in its former degree of violence. He was again bled, and bliſtered on the temples; and the tincture was repeated; by which he was equally relieved as before. When the irritation was, in ſome degree, abated, the Citrine Ointment was alſo applied again, and with good effect: and finding, on enquiry, that he had been always ſubject to ſcorbutic eruptions, in different parts of the body, an alterative electuary was preſcribed, with the free uſe of Sydenham water, both alone, and when made with milk into a whey. He was juſt recovered from this relapſe, when the inflammation again returned, without any viſible cauſe, and was attended with equal pain, as at the firſt. The ſame means were repeated, and an iſſue was opened in his arm, which ſoon diſcharged freely. In three weeks from the laſt attack, his eyes were once more recovered to a ſtate of health; ſince which he has had no

relapſe

relapſe of a ſimilar kind; but, at this time, enjoys his ſight clear and perfect.

CASE XVI.

The foreman of one of the principal pewterers in the city had been ſubject, for ſeveral years, to a weakneſs of ſight, and frequent ſoreneſs on the edges of the lids; which ſtrongly adhered to each other, and gave great pain in the ſeparation, when he awoke in the morning. In the month of June 1778, this ſoreneſs became ſo troubleſome, as to determine him on aſking Mr. Wathen's advice. The caſe anſwered exactly to the deſcription of the Pſorophthalmy; and the Citrine Ointment, and White Cerate, were directed and applied: but, the firſt trial of the ointment, (which was made uſe of too freely) gave him ſo much pain, that he could not be perſuaded to repeat it; notwithſtanding which, from this time,

time, his eyelids began to mend; and, in three weeks, by the uſe of the Cerate alone, he was apparently cured. He continued well a month; at the end of which, the ſame complaint returned, though in a leſs degree than before. He was again urged, and with difficulty perſuaded, to uſe the Citrine Ointment, in a more cautious manner, ſo as not to touch the globe of the eye. It gave much leſs pain; and, in a few days, the complaint was entirely removed. Some weeks after this, he had another relapſe, and was relieved as ſpeedily, by the ſame application. Since this time, he has had no return of any conſequence; and, as ſoon as he perceives the leaſt tendency to it, he recurs to the ointment, which is always ſufficient to remove it.

CASE

CASE XVII.

In October 1777, the ſon of a merchant in the city, about twelve years of age, was ſeized with an inflammation in the left eye, which would not ſuffer him to make the leaſt uſe of it, without great pain. A variety of topical applications, and internal medicines, were tried, without any effect: and, at the end of a month, he was brought home, and put under the care of the family phyſician, who preſcribed for him, another month, with no better ſucceſs. Mr. Wathen was then conſulted, who found the eyelids much ſwelled, and the eye exceedingly inflamed. The Thebaic Tincture was propoſed, and immediately applied; and the ſame evening he was bled with three leeches, and bliſtered on the temple. The day following, the pain and irritation were ſo much abated, that he could bear the light,

and

and look at objects with a degree of ſteadineſs, of which he had been incapable from the firſt attack. This gave an opportunity of diſcovering a ſmall ſpeck upon the Cornea; and alſo, that the edges of the lids were very red and ſore. The lids, however, were too much ſwelled, and the inflammation of the eye was too conſiderable, to allow the application of the Citrine Ointment; but the White Cerate, and mixture of new butter and milk, were uſed, as in other caſes: and, in the ſpace of a week, the irritation was ſo far gone off, that the Citrine, alſo, could be applied, without increaſing the pain. After this, the White Cerate was laid aſide, on account of the ſwelling in the eyelids; and in place of it, was ſubſtituted a cataplaſm, made with alum curds, and hog's lard; which proved very uſeful, as a mild aſtringent. By the uſe of theſe means, the patient was entirely cured, in a few weeks, of both diſorders; and has had no relapſe from that time to the preſent.

Several

Several of the Submaxillary glands had been obſerved to be enlarged, for a long time before the inflammation of the eyes came on. Theſe ſwellings continued after the Ophthalmy was removed; and, in the July following, two of them were increaſed to a conſiderable ſize. One, being fully maturated, was opened with a lancet; the other was extremely hard, and as big as a common walnut. As ſoon as the former was brought into a healing ſtate, the young gentleman was ſent into the country; with directions to take half a drachm of the Æthiops Vegetabilis, night and morning; and half a pint of ſea water twice a week. The wound gradually healed; the indurated gland ſoftened; and both were perfectly cured within the ſpace of two months; during which, neither the eye, nor eyelids, had the ſmalleſt tendency to a relapſe.

CASE

CASE XVIII.

An apprentice to a mathematical inſtrument-maker in the city, about ſeventeen years of age, having had the ſmall-pox when he was only two years old, was, ſince that time, ſubject to frequent, and almoſt continual complaints on the edges of his eyelids. They were red, ſore, and adhefive; and an inflammation ſometimes extended from them to the eyes, and continued upon them for months together; depriving him of ſight, and diſabling him from attending his ſchool, when he was a child, or his buſineſs, after he was an apprentice. The inflammations had left ſpecks in both eyes, which occaſioned, in a greater or leſs degree, a conſtant obſcurity in the ſight. Great quantities of medicine had been taken; and various eye-waters, ointments, &c. had been uſed, without any effect. Towards the end of Auguſt 1777,

after undergoing much pain for ſome time, he was adviſed, by me, to uſe the Citrine Ointment and White Cerate. On the third day of uſing them, I found that the edges of the lids were much ſoftened; they were more eaſy, and adhered leſs together when he awoke in the morning. His body was kept gently open with an alterative electuary, and the Thebaic Tincture was applied a few times, at the beginning, on account of the redneſs, which extended to the globe of the eye. By theſe means he gradually mended; and, by the middle of September, his complaint was entirely removed. The ſublimate eye-water was, however, continued, on account of the ſpecks. More than two years are elapſed ſince the cure, and he continues perfectly well, having never had the ſlighteſt relapſe. The ſpecks are with difficulty diſtinguiſhed from the other part of the Cornea.

CASE XIX.

A young gentleman in the city had been ſubject, for many years, to a foreneſs and inflammation, both on the eyes and eyelids. This diſorder firſt came upon him while he was at boarding-ſchool, and was imputed to his binding a wet handkerchief, inſtead of a night-cap, round his head. A ſevere cold in the head, and inflammation in the eyes, immediately followed; the former of which was removed without trouble, but the latter confined him a long time, and totally prevented him from applying to his books. From this time, he was ſeldom wholly free from it; and had been under the care of many of the faculty, who tried the uſe both of externals and internals, without any ſucceſs. In September, 1778, this complaint attacked him with the greateſt violence, and continued three weeks, without

any alleviation. The eyelids were much ſwelled, and extremely red and ſore at their edges; and upon the Cornea of each eye, was a ſmall ſpeck, which impeded the ſight on the ſide on which it lay. The lids adhered ſo much to each other in the morning, that he could not ſeparate them for ſome minutes; nor then without great pain. In this ſtate I found him: when I immediately directed the uſe of the Citrine Ointment, White Cerate, &c. The application of the ointment gave him no pain; and after only twice uſing it, he felt himſelf conſiderably relieved, and every appearance was favourable, to a degree much exceeding what could have been expected in ſo ſhort a time. A decoction of the Bark, and a weak ſolution of Sublimate, were given internally; which, with the externals, he continued for a month, and was then ſo well recovered, that the ointment was omitted, and only the Sublimate eye-water for the ſpecks was uſed. Since that time, he has been able regularly to purſue his buſineſs; and has had no

relapſe

relapse that has given him much trouble or uneasiness. Immediately as any thing of the kind appears, he makes use of the Citrine Ointment, which at once prevents its progress.

CASE XXI.

Mrs. P. a lady in the city, five years since, was seized with a soreness upon the edges of the right eyelids, which gave her great pain, and frequently inflamed the eye. Various internal medicines were administered, with some externals, by an apothecary, who supposed it to proceed from a scorbutic acrimony in the constitution: but, after a considerable time had elapsed, without any amendment, a physician was consulted, who prescribed other medicines, with a similar intention, but with no better effect. She afterwards went to Rochester, and put herself under the care of a woman, who is much celebrated, in that place, for curing obsti-

nate complaints of this nature. This perſon uſed different topical applications, without affording any relief; and the patient, after a trial of two months, came away worſe than ſhe went. Both eyes were now ſo bad, that ſhe was obliged, for ſeveral months, to ſit in a room totally dark. During this time, ſhe made trial of various remedies, both external and internal, ſome of which were recommended by her friends, and others by the faculty. Notwithſtanding theſe, however, the ſoreneſs of the eyelids increaſed, the excoriation ſpread low toward the cheek, and the pain was without intermiſſion. A perpetual bliſter had been put on her back, an iſſue made in her arm, and leaches repeatedly applied to the temples. A ſurgeon of reputation was conſulted; who, after a long attendance, declared himſelf unable to do her ſervice, unleſs ſhe would ſubmit to have a ſeton in the neck; which ſhe refuſed. About a year and a half from the commencement of her diſorder, Mr. Wathen propoſed

the

the Citrine Ointment, &c. to be uſed, in the manner before directed. The extreme ſoreneſs of the lids cauſed the firſt application to give more than common pain: it was, however, regularly repeated; and, at the end of a week, the lids aſſumed a more favourable aſpect, and the eyes began to bear the light. As the lids mended, the pain from the application abated, and, in a ſhort time, wholly ceaſed. Their adheſions to each other became daily leſs; and, in ſix weeks, the ſoreneſs was entirely gone off, and they returned to their natural appearance. Her eyes now look as well as if they had never been diſordered, and her ſight is, in common, equally good; though, at times, ſhe has found a degree of tenderneſs in the lids, which has called for the uſe of the ointment, and ſhe has always been immediately relieved by it.

CASE XXI.

Mr. K. of Duke-Street, Spital-Fields, who is now about fifty years of age, applied to Mr. Wathen ten years ago, with a diſorder in the eyelids of both eyes, which had not only ulcerated their edges, but cauſed them to ſwell very conſiderably; and the inſide of the lower ones was turned wholly outward. He had laboured under this complaint three years, during the greater part of which time, he had been totally diſabled from any buſineſs. For hours after he awoke in the morning, he was obliged to keep his eyelids cloſe, on account of their adheſion; and when he attempted to ſeparate them, they would ſometimes bleed, and give him extreme pain. Various medicines and externals had been tried, without any effect. Mr. Wathen directed the ſame applications, as were uſed in the laſt caſe. The Citrine Ointment cauſed a great

great ſmarting, when firſt applied; but, after three days, the patient was able to open his eyes, with a degree of eaſe, to which, from his firſt ſeizure, he had been a ſtranger. His amendment was ſlow, but progreſſive; and, at the end of two months, the eyelids were reſtored to their proper ſtate, and natural appearance; and the patient has enjoyed a full and perfect ſight from that time to the preſent.

Of

Of the Purulent Eyes of New-born Children.

THE Tunica Conjunctiva is defended from the acrimony of the tears, by a ſoft thin mucous fluid, which is ſuppoſed to exhale from innumerable ſmall perforations, diſperſed, according to Winſlow, all over its ſurface. This fluid, as it naturally exiſts, is very ſmall in quantity; on which account, as it is pellucid, it is undiſcernible by the naked eye: nevertheleſs, it is liable, by an irritation or inflammation of the parts which furniſh it, not only to be increaſed greatly in quantity, but to be ſo altered and changed in quality, as very much to reſemble pus itſelf, both in conſiſtence and colour. Such, I ſuppoſe, was the ſtate of St. Yves's patient, which has before been conſidered

(Page

(Page 19); and which he, in my opinion, attributed, erroneously, to the Metaſtaſis of a recent venereal virus. To this caſe, of a purulent eye in an adult, a few others might be added: nevertheleſs, I cannot but obſerve, that ſuch inſtances are very rarely to be found; nor, in common, is the diſorder, in patients of this claſs, altogether the ſame as in new-born children.

In the latter, it firſt diſcovers itſelf by a redneſs in the eyelids, which quickly ſwell to a ſize ſo large, as to prevent their being ſeparated, without the utmoſt difficulty; after which, a conſtant diſcharge of thick yellow matter ſoon ſucceeds; which, if the lids can be ſeparated, will appear to ſpread over the eye, ſo as entirely to cover it. In common, both eyes are affected nearly in the ſame manner: and, in bad caſes, whenever the child cries, the inſide of the lids is turned outward; which is alſo the caſe, whenever an attempt is made to ſeparate them with the fingers. This is ſome-

ſometimes the conſtant ſtate of the lids;) and though they are reſtored, by the fingers, to their proper ſituation, yet, on being left to themſelves, they immediately return to their former inverted ſtate.

The purulent eye is uſually unconnected with any other diſorder, and is ſuppoſed to ariſe from the child's being imprudently expoſed to the cold air: but it is occaſionally accompanied with eruptions on the head, and other parts of the body; and I have, more than once, ſeen it attended with evident ſigns of a ſcrophulous conſtitution.

The ſwelling of the eyelids, neceſſarily occaſions a tightneſs, or conſtriction, of their ciliary edges; by means of which, the matter which is formed on the inſide of them, is prevented from wholly running off: and its continuing between the lids and the globe, ſerves ſtill further to increaſe the inflammation; and is, alſo, the frequent cauſe of ulcers and ſpecks, which very often partially, and ſometimes totally, cover the pupil. Theſe

effects

effects may, in a great meaſure, be produced by the acrimony of the matter: but even allowing, that the retained fluid is perfectly bland and mild, its continual lodgment on the eye is ſufficient, by maceration only, to deſtroy the tranſparency of the Cornea; and when it has been joined with the preſſure of the ſwollen eyelids, it has been known to cauſe the Cornea to BURST; the humours to be partially or wholly diſcharged; and the eye, of courſe, to ſink in the orbit.

The cure of a diſorder, which is known to be attended with ſuch hazardous, and even fatal conſequences, to the eye, is an object of no ſmall importance: and yet it is undeniably true, that the common methods which have been uſed, have, for the moſt part, been found inſufficient for this ſalutary end. Without enlarging upon them, I ſhall proceed to lay before the reader, the deſcription of a method that I have found, in a great number of inſtances, to give ſpeedy relief.

An

An increaſed exhalation from the minute pores of the Conjunctiva, ſeems to conſtitute the firſt ſtage of the complaint; and, in this early period, the indication, without doubt, is to conſtringe the relaxed veſſels, and check their increaſed diſcharge: nor is this intention leſs proper, when the quantity of the diſcharge is increaſed, and when it is changed to a purulent appearance; or even, when it is become quite yellow, and accompanied with ſo high a degree of acrimony, as to erode and rupture the Cornea. That my meaning may not, however, be miſtaken, it is neceſſary to obſerve, that though the words, matter and purulency, have frequently occurred on this ſubject, they never were meant to imply the actual exiſtence of pus; but were uſed as analagous words, the beſt fitted that could be found, to expreſs that ſimilar diſcharge which takes place in this diſorder. For here, as in the Gonorrhœa, and ſome affections of the Sniderian, and other membranes, theſe epithets are continually

uſed, to expreſs the quality of their augmented excretions; whereas, no ulcers are ſuppoſed to exiſt in thoſe caſes, and, conſequently, no real pus can be formed. The caſe, therefore, being rightly underſtood (that the diſcharge from the eye is not real pus, but only mucous, increaſed in quantity, and altered in colour, by ſome irritating cauſe), the application of aſtringents, in every ſtate and degree of the diſorder, will appear to be as reaſonable, as it has been found to be ſucceſsful. The medicine which I have uſed for this purpoſe, and which, from my experience of its great utility, I would ſtrongly recommend to the public attention, is the Aqua Camphorata of Bates's Diſpenſatory; the compoſition of which is as follows:

℞

Vitriol. Roman.

Bol. Armen. aa ℈jv.

Camphor. ℥j. m. f. pulvis,

de quo projice ℥j. in aquæ bullientis ℔jv.

amove ab igne et ſubſidant fæces.

Upon

Upon the slightest view of the ingredients that compose this medicine, it must be evident, that it possesses a strong styptic quality; on which its great efficacy, in this disorder, chiefly depends. It is, however, much too strong for use, before it is diluted; and the degree of its dilution must always be determined by the peculiar circumstances of each case: nevertheless, I may venture to recommend about one drachm of it to be mixed with two ounces of cold clear water, as a medium or standard, to be increased or diminished, as occasion may require.

It must also be evident, from the preceding description of the purulent eye, that neither this, nor any other medicated fluid, can be well applied to the affected part by means of a steam, fotus, cataplasm, or drops: but, that it requires some small degree of force to send the liquor, between the swelled Conjunctiva which lines the eyelids, and that part of it which covers the globe of the eye. This cannot be better effected than by

the uſe of a ſmall ivory or pewter ſyringe, terminating in a blunt pointed cone. The extremity of the ſyringe is to be placed between the edges of the eyelids, in ſuch a manner, that the medicated liquor may be carried over the whole ſurface of the eye; by means of which, the retained matter will be entirely cleared away, and enough of the ſtyptic power of the medicine left behind, to interrupt and diminiſh the exceſſive diſcharge.

It ſhould be remembered, that the quantity of matter, collected under the lids, varies much in different caſes; and that, in bad ones, it is formed with amazing rapidity. According to this variation, the ſtrength of the medicine, and the frequency of repeating it, muſt always be regulated. In the mild or incipient ſtate, it may be ſufficient to uſe it once or twice a day, and ſomewhat weaker than the ſtandard: but, in the worſt and moſt malignant ſpecies, it becomes neceſſary to repeat it once or twice

every hour, and to increaſe its ſtypticity in the ſame proportion; and when the diſorder is, in ſome degree, ſubdued, the ſtrength of the medicine, and frequency of repeating it, may both be decreaſed.

The reaſons for a frequent repetition of the means juſt mentioned, in bad caſes, are, indeed, of the moſt urgent nature. Until the Conjunctiva is ſomewhat thinned, and the quantity of the diſcharge diminiſhed, it is impoſſible to know, in what ſtate the eye is; whether it is more or leſs injured, totally loſt, or capable of any relief. The continuance or extinction of the ſight, frequently depends on the ſpace of a few hours: nor can we be relieved from the greateſt uncertainty in theſe reſpects, until the Cornea becomes viſible.

During the ſwelling of the eyelids, emollient cataplaſms have been recommended in books, and are very commonly uſed; but they are immediately oppoſite in their nature to the method of cure here laid down: and, in the caſes which

I have

I have ſeen, after they had been uſed, I never could obſerve the leaſt benefit to be derived from them. On the contrary, I am of opinion, they increaſed the relaxation of the parts; and, in that way, became an additional cauſe to keep up and increaſe the morbid humour.

Thoſe caſes, particularly, in which the inner parts of the eyelids are turned outward, appear to be cauſed by the extreme relaxation, and ſwelling of the Tunica Conjunctiva. This membrane being forced outward by the child's crying, or by any other means, is prevented from returning to its natural ſituation, by the cartilage called Tarſus; which, preſerving its natural ſtrength and elaſticity, acts as a tight band to keep it out. Now, to add to this ſwelling and relaxation of the Conjunctiva, by emollient applications in any form, muſt, ſurely, be oppoſite to every reaſonable attempt that can be made for the cure.

Inſtead of cataplaſms of this nature, whenever ſuch kinds of applications are

thought neceſſary, they, alſo, as well as the lotion, ſhould have a tonic, or mild aſtringent property; and I would particularly recommend one, that is made of the curds of milk, turned with alum, and an equal part of Unguentum Sambuci, or Axungia Porcini. I have found this to be highly uſeful. It ſhould be applied cold, and frequently repeated, without intermitting the uſe of the injection.

It ſometimes happens, that the matter formed between the lids is of a glutinous and adheſive nature, cauſing the eyelaſhes to ſtick to each other, after they have been cloſed for any length of time. In this caſe, after the cataplaſm above mentioned is removed, and before the lotion is injected, it will be proper to waſh off the adheſive matter, with a little freſh butter diſſolved in warm milk, or with ſome other ſoft oleaginous liquor.

The everſion of the lids has ſo diſagreeable an appearance, that it greatly alarms

thoſe who are unacquainted with the diſorder; particularly, as is ſometimes the caſe, when it is continual. If it takes place only when the child cries, and diſappears as ſoon as the crying ceaſes, nothing more need be done, than to uſe the applications above recommended; and as the ſwelling of the Conjunctiva abates, this ſymptom will likewiſe go off: but, if the everſion is conſtant, it will be neceſſary to repeat the injection oftener than in other caſes, and to employ a perſon, immediately after the uſe of it, to return the lids, and to keep a compreſs, dipt in the diluted Aqua Camphorata, conſtantly upon them, with his finger; in order that the habit may be removed, and the lids may recover their proper tone and ſtrength.

Where the ſwelling and inflammation have been conſiderable, I have ſometimes found it neceſſary to take blood from the temples. In thoſe very young ſubjects, who are moſt commonly affected by this diſorder, one leach applied to

each temple ſeems fully ſufficient to anſwer the purpoſe; immediately after the uſe of which, I have, in general, directed a ſmall bliſter to be applied on the ſame part.

Internals of the abſorbent and laxative kind ſhould alſo be given, to keep the body cool and open; ſuch as Rhubarb, Magneſia, Manna, &c.: and, if there is reaſon to ſuppoſe any particular humour in the habit, gentle alteratives ſhould be added; ſuch as the Æthiops Mineralis, or ſmall doſes of Mercurius Dulcis.

In caſes where the inſide of the eyelids has been much inflamed, I have occaſionally applied, with good effect, the Thebaic Tincture, as recommended in the chapter on the Ophthalmy.

CASE XXII.

A child of Mr. Y. in Earl-Street, Seven-Dials, was ſeized, when three days old, with a ſudden ſwelling of both eyelids, attended with a great diſcharge of matter, which continued a month, without the leaſt abatement. For a time, nothing more was done, than waſhing their outſide with roſe-water and tutty, ſqueezed through a ſponge. This being found inſufficient, the parents brought the child for advice. I immediately waſhed off the matter retained on the globe, with the Aqua Camphorata, properly diluted, and injected through a ſyringe; and directed the repetition of the ſame every hour. In a day's time, the ſwelling and diſcharge evidently abated; and the ſame applications being continued, with the occaſional uſe of Rhubarb and Magneſia, to keep the child's body open, the eyes were compleatly cured in leſs than three weeks.

CASE XXIII.

The eyelids of a child of Mr. J. in Great-Eaſtcheap, on the 9th day from its birth, began to ſwell; and on the 10th diſcharged a great quantity of matter. The apothecary of the family immediately applied a large bliſter to the back; and a lotion and ointment were uſed to waſh and anoint the outſide of the lids. The bliſter diſcharged freely; and, for ſhort intervals, the appearances were very promiſing; but not continuing, two more bliſters were applied behind the ears; which produced no more laſting benefit than the firſt. At the end of five weeks, the diſorder was as violent as ever. Mr. Wathen was then called in, by whoſe direction the diluted Aqua Camphorata was injected, and repeated every hour. The ſame night, the child opened its eyelids, which it had not been able to do ſince the firſt appearance of the diſorder; but ſeveral days elapſed, before

before the eyes could be diſtinguiſhed; the child ſhutting them, as a defence againſt the light, and the lids becoming everted on every attempt to ſeparate them with the finger. When they were firſt ſeen, the Cornea of both appeared to be entirely clouded over, and a ſmall white ſpot was perceived on each. The ſame treatment was continued a month; towards the cloſe of which, one drop of the Thebaic Tincture was dropped into the eye every day. The diſcharge, at the end of this time, entirely ceaſed, the eyes acquired their natural clearneſs, and the ſpecks gradually leſſened, and ſoon became tranſparent.

CASE

CASE XXIV.

A child of Mr. S. in Thames-Street, was ſeized, like the former, when about a week old, with a conſiderable ſwelling of the eyelids, attended with a great diſcharge of matter. After three days, inſtead of matter, pure blood continually iſſued out. Fomentations and ointments were carefully applied, for a week, by advice of an apothecary; who, finding no amendment in that time, gave it as his opinion, that the eyes were loſt; and deſired other aſſiſtance might be called in. I propoſed the diluted Aqua Camphorata, and immediately injected it. It was repeated every hour; and, the next day, the hæmorrhage ceaſed; but was followed with a return of the matter, which continued to diſcharge in a great quantity. The ſame lotion was regularly injected; the body was kept conſtantly open with Magneſia; and the diſcharge from two

large blisters, which had been put behind the ears, was preserved by the use of the Epispastic Ointment. At the end of three weeks, the discharge ceased, and the eyes were apparently well: but, from the child's taking a fresh cold, or from some unknown cause, the disorder returned with much violence, and obliged me to repeat the same medicine a fortnight longer; when the eyes were perfectly recovered.

CASE XXV.

The child of Mr. H. in Houndsditch, four days after its birth, was attacked with a swelling of the left eyelids, which rapidly increased, till it became of the size of a large walnut: the right eyelids were also swelled in a smaller degree; and, the day following, a very large quantity of matter was discharged from between both of them. When the left eyelids were separated from each other,

the appearance very much reſembled a deep wound filled with matter. By advice of the midwife, a mixture of parſley and hog's-lard was firſt applied; but the child continuing to be in extreme pain, it was ſoon changed for a poultice of bread and milk. After this, they were fomented with a decoction of poppy heads; and a large bliſter was applied to the back. The diſcharge, notwithſtanding, continued very profuſe, from both eyes; and, at the end of a fortnight, the upper lid of the left eye became everted, whenever the child cried; but returned to its natural ſtate, when the crying ceaſed. At firſt, the everſion was only of a ſmall part of the lid; but afterwards became entire. The Tunica Conjunctiva, which lined its inſide, was very much ſwelled, and appeared of a deep red colour. In a ſhort time, the everſion became more obſtinate and conſtant, ſo as to continue through the day; and much reſembled (as Mr. Warner has expreſſed it), an inverted *Inteſtinum Rectum*.

In

In this ſtate of the diſorder, I applied the diluted Aqua Camphorata, as in the former caſes, ordering a repetition of it every hour; and particularly recommending, that, at each waſhing, the matter might be entirely cleared away. A poultice, made with the alum curds and hog's-lard, was applied to the lids at bed-time; and the child took a table ſpoonful of the ſyrup of poppies, which procured him a few hours reſt. The diſcharge ſoon became leſs, but the everſion continued; on which account, the lid was returned with the finger, and graduated compreſſes, dipt in the camphorated lotion, were applied over it, ſo as to make a conſtant gentle preſſure. The compreſſes did not ſucceed as I could wiſh, and the everſion often took place notwithſtanding their application; a finger was, therefore, directed to be kept continually on the lid, until its reſtoration ſhould be accompliſhed. The child was bled with two leaches, and bliſtered on each temple; gentle purges

were frequently adminiſtered; and the Thebaic Tincture was daily dropped into the eye. The finger was kept on the lids, with as few intermiſſions as poſſible, for a week; at the end of which, the habit was ſo far overcome, as not to be conſtant, though it ſtill happened, whenever the child cried. The camphorated lotion being regularly continued, the diſcharge gradually abated; and, at the end of two months, the ſwelling, diſcharge, and everſion were entirely cured, and the eyes became perfectly ſound and clear.

The utility of the means recommended is, I think, ſufficiently proved by the caſes above recited. At the ſame time, I am free to acknowledge, that I have not always met with the ſame ſucceſs: but, to do juſtice to the propoſed remedies, I muſt add, that when I have found them fail, the diſorder had been ſuffered to acquire conſiderable ſtrength by delay; and, in all thoſe inſtances, I think it highly probable, that an early application would have

have been no leſs effectual than in the caſes I have related. The want of ſucceſs, therefore, in the exceptions made, does, in fact, prove nothing more than the great danger of delay.

Though the three diſorders which have been the ſubjects of the preceding pages, are diſtinct in themſelves, and required a ſeparate deſcription, in order to their being rightly underſtood, and properly treated: it is, nevertheleſs, equally true, that they are often ſo combined with each other, as to prevent the poſſibility of diſtinguiſhing, at firſt ſight, which of them was the original complaint. For inſtance, the Ophthalmy is often occaſioned by the Pſorophthalmy; but, before the advice of the faculty is taken, it is commonly found, that the Ophthalmy predominates in ſo conſiderable a degree, as to prevent an accurate inſpection of the ciliary glands, and, of courſe, any certain knowledge of the exiſtence of the Pſorophthalmy. This, however,

however, is of no great conſequence; ſince the inflammation of the eye, though not the original, is the principal complaint, and requires the primary and more immediate attention: and, when the violence of the Ophthalmy is abated, the diſorder of the lids will become more evident, and direct to a particular, and more ſuitable treatment; without which, it will be found very difficult, if not impoſſible, to compleat the cure. Again, in caſes of the purulent eye, the inflammation will often be found very conſiderable, and require, not only the uſe of the means pointed out in treating on that ſubject, but alſo thoſe others which have been preſcribed for the cure of the Ophthalmy. In what I have above ſaid, my only deſign is, to ſuggeſt a reaſon for the occaſional uſe of the Thebaic Tincture, leaches, bliſters, &c. in thoſe caſes that are claſſed under the title of the Pſorophthalmy, and Purulent Eye.

Caſe

Caſe of a Gutta Serena cured by the Uſe of Electricity.

THE uſe of Electricity, for the cure of obſtinate diſorders, has long been practiſed: but, at the ſame time, it will hardly be denied, that the application has, for the moſt part, been made by perſons who were very little acquainted, either with the texture of the human frame, or the diſorders to which it was ſubject; and who, indeed, had no other knowledge even of electricity itſelf, but what they derived from a few common experiments. In ſuch hands, no conſiderable improvement was to be expected. Yet, the moſt eminent of the faculty have ever conſidered the electric fire, by means of the wonderful properties, of its ſubtilty and activity, as capable of being rendered extremely ſerviceable, under many complaints to which the human body is ſubject; particularly, in caſes of obſtruc-

tion and relaxation; by acting as a deobſtruent in the former, and as a ſtimulus in the latter. Practitioners of this claſs will candidly receive any information, that may tend to clear or enlarge the view of this intereſting ſubject; or to eſtabliſh the utility of ſo ſimple, and eaſy an application.

With this deſign, I have inſerted the following caſe, which is a remarkable proof of its efficacy in an incipient Gutta Serena.

Suſannah Moody, about 17 years of age, ſervant to Mr. Baurie, in Spitalfields, on the 29th of January 1780, was ſeized with a pain in her teeth and jaw, which, two days after, produced a conſiderable ſwelling in the face. Theſe ſymptoms, however, went off in a very ſhort time: but they were no ſooner gone, than ſhe found ſhe was unable to open the left eyelids; and the following day, the right lids alſo were affected in the ſame manner. An apothecary was then conſulted. He, ſuppoſing that an adheſion was produced by gum ſticking between the edges of the lids, recommended an ointment to

ſoften it: but, as this had no effect, he ſeparated the lids with his fingers; when he was much ſurprized to find, that the ſight, of both eyes, was entirely loſt. In this ſituation I firſt ſaw her. There was no apparent inflammation in either eye; the Pupils of both were very much enlarged; and the Iris had but a very ſmall degree of contraction. I applied the Thebaic Tincture, hoping that the ſtimulus which it uſually gives, might excite the optic nerve to its proper action. The next day Mr. Wathen ſaw her; when the eyes continued exactly in the ſame ſtate, as they were in the preceding. He adviſed, that the tincture ſhould be applied again; that ſhe ſhould be blooded with three leaches, and bliſtered on both temples. The weather was ſo cold, that no leaches could be procured. She was, therefore, cupped on both temples, and three ounces of blood taken away; after which, a bliſter was applied to each temple, and two others behind the ears. Theſe applications ſeemed to be altogether without effect. She was ſtill unable to open the lids; and when

they were ſeparated by the fingers, ſhe had not the leaſt degree of ſight in either eye. February 7th, with Mr. Wathen's conſent, I electrified the left eye for a quarter of an hour: firſt, by carrying a ſtream of the electric fire through the eye; and, afterwards, by drawing ſparks from all the parts which ſurrounded it. That evening, ſhe perceived no alteration; but the next morning ſhe could open the left eyelids with eaſe, and diſtinguiſh clearly all the objects which ſurrounded her. The benefit did not, however, at all extend to the right eye or lids. I therefore electrified this eye, exactly in the ſame manner, and for the ſame length of time, as I had done the other. The conſequence was, that, on the next day, the patient had ſo far the uſe of the right eye, as to be capable of diſtinguiſhing large objects; though not with the ſame clearneſs, as ſhe did with the left. That night ſhe complained that her head felt very heavy. February 9th, I paſſed a ſtream of the electric fire through both eyes, and drew ſparks from them; which I alſo accompanied with the appli-

cation of ſmall ſhocks through the head in different directions. The application gave her more pain than it had done before; but ſucceeded in the happieſt manner: for, on the following day, ſhe opened both eyes with perfect eaſe, and ſaw very diſtinctly. I thought it unneceſſary to electrify her again, or to do any thing more, than order an opening medicine; which entirely removed the heavineſs ſhe complained of in the head; and her ſight was perfectly reſtored.

I have only to remark on the above cure, which was compleated by only three electric applications, that it differs from thoſe related by Mr. Hey*, in the following material circumſtances:—the diſorder came on more ſuddenly, than in the caſes deſcribed by that author—the blindneſs was more entire—the eyelids were more affected—and the cure more ſpeedy.

* See 5th Vol. of Lond. Med. Obſ.

FINIS.